

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90034 020 \*\*\*158.75

DOCUMENT # *P02000018752*

1. Entity Name  
*SUPER STOP INVESTMENTS INC.*



**DO NOT WRITE IN THIS SPACE**

**40036731**

2. Principal Place of Business

*776 NW TER*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*STUART, FL*

City & State

4. FEI Number

*75-3010136*

Applied For

Not Applicable

Zip

*34994*

Country

*MARTIN*

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Mohsenara Ahmed*

Street Address (P.O. Box Number is Not Acceptable)

*776 NW 10th TER.*

City

*STUART*

FL

Zip Code

*34994*

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ahmed*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/15/05*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President  
MOHSENARA Ahmed  
776 NW 10th TER STUART FL-34994*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*SHARMEEN ISLAM DELETE  
1070 NW Fed Hwy STUART FL-34994*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ahmed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/05*

Date

Daytime Phone #

CR2E034B (12/02)