

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90413 002 \*\*\*158.75

01023868  
AV

**DOCUMENT # P02000020738**

1. Entity Name  
C-STORE, INC.



Principal Place of Business  
18575 NORTHWEST 27TH AVENUE  
NORTH MIAMI FL 33056

Mailing Address  
18575 NORTHWEST 27TH AVENUE  
NORTH MIAMI FL 33056

2. Principal Place of Business  
18553 NW 27th Ave

3. Mailing Address  
18553 NW 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

03-0411644

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

Zip

MIAMI DADE

Zip

33056

Country

MIAMI DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name  
EHSAN-UL HAQ

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

18553 NW 27th Ave

MIAMI FL

33056

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/2003

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LERNER, ARIE  
STREET ADDRESS 18575 NORTHWEST 27TH AVENUE  
CITY-ST-ZIP NORTH MIAMI FL 33056 ☒ Delete

TITLE PD  
NAME EHSAN-UL HAQ  
STREET ADDRESS 910 Greenbriar Ave  
CITY-ST-ZIP DADE FL 33325 ☒ Change ☐ Addition

TITLE SD  
NAME LERNER, NAOMI  
STREET ADDRESS 18575 NORTHWEST 27TH AVENUE  
CITY-ST-ZIP NORTH MIAMI FL 33056 ☒ Delete

TITLE VP  
NAME MOHAMMAD YOUSAF  
STREET ADDRESS 20850 SAN-SEMEON WAY APT# 506  
CITY-ST-ZIP MIAMI FL 33179 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Muhammad Haq  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/24/2003 305-620-0110  
Date Daytime Phone #

CR2E034 (10/02)