2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB)

FILED Feb 17, 2003 8:00 am Secretary of State

DOCUMENT # P0200 1. Entity Name C.B. GASOLINE CORP.		3-2003 90651	015 **					
Principal Place of Business 7191 PEMBROKE RD. PEMBROKE PINES FL 33023 Mailing Address 7191 PEMBROKE RD. PEMBROKE PINES FL 33023								
Principal Place of Business 3. Mailing Address				- 1 70,000 TO 100 0,000 1 00 1	<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u></u>	☐ CHECK HERE IF MAKING CHANGES			
City & State Zip Country	City & State			4. FEI Number - 0 4	10311		Applied For Not Applicab	
	, ===		try	5. Certificate of Status Des	sired 🗆 🕏	8.75 A	dditional	
6. Name and Address of Current	Registered Agent		Name	7. Name and Address of N	lew Registered Ac	jent		
BARITO, CARLOS								
7191 PEMBROKE RD.		1	Street Address	(P.O. Box Number is Not Accep	stable)		 ,	
PEMBROKE PINES FL 33023		J	Ī					
		ſ	City	1 2 2	FL	Zip Co		
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s registere	ad office or register	red agent, or both, in the State	of Florida. I am far	niliar with	n, and accept	
SIGNATURE								
Signature, typed or printed name of registered agent ar	and title if applicable. (NOT)	(E: Registered	d Agent signature required	d when reinstating)	DATE -	<u>-</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00		7		9. Election Campaig	- Financina			
Make Check Payable to Florida Department of	State		, , ,	Trust Fund Contrit		Adde	00 May Be od to Fees	
10. OFFICERS AND E	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND D	,		
TITLE PD NAME BARITO, CARLOS	☐ Delete	TITLE	. '		×	Change	Addition	
STREET ADDRESS 2434 S.E. 11 ST.		NAME STREET	ET ADDRESS 960	ITNW 76 CT ;		•		
CITY-ST-ZIP POMPANO BEACH FL 33062		CITY-ST		NRISE, FL 3332	* 7 /火 			
TILE STD	☐ Delete	TITLE	1			Change	☐ Addition	
STREET ADDRESS 2434 S.E. 11 ST.		STREET	T ADDRESS					
CITY-ST-ZIP POMPANO BEACH FL 33062	—	CITY-ST	JT-ZIP					
NAME	Delete	TITLE				Change	☐ Addition	
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TIFLE	Delete	CITY-ST-	f- ZIP					
IAME		NAME			ħ	Change	☐ Addition	
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AME Treet address		NAME		•	. -	Citatige	Addition	
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ITY-ST-ZIP	:	STREET AD	1	The granting swar will	1 JA 5182 C.		1	
I hereby certify that the information supplied with thi indicated on this report or supplemental report is tru of the corporation or the receiver or trustee empowe changed, or on an attachment with an address, with	is filing does not qualify for the and accurate and that my ared to execute this report as all othersike empowered.	the exempti	otion stated in Section	ion 119.07(3)(i), Florida Statute me legal effect as if made undi Florida Statutes; and that my na	s. I further certify their oath; that I am an amende appears in Bloc	iat the info officer o ok 10 or E	ormation ir director Block 11 if	
SIGNATURE: SEMATURE AND TYPED OR PRINT	TED NAME OF SKINING OFFICER OR	<u>ed</u>	·	0,1 09/	03			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR