

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90140 039 \*\*\*150.00

**DOCUMENT # P02000097854**

**1. Entity Name**  
**KWIK STOP #18287, INC.**



**Principal Place of Business**  
**1133 S. UNIVERSITY DRIVE**  
**SUITE 202**  
**PLANTATION FL 33324**

**Mailing Address**  
**1133 S. UNIVERSITY DRIVE**  
**SUITE 202**  
**PLANTATION FL 33324**

**2. Principal Place of Business**

**162 N.W 51 ST**

Suite, Apt. #, etc.

**Boca Raton**

City & State

**Florida**

Zip

**33431**

Country

**3. Mailing Address**

**162 N.W 51 ST**

Suite, Apt. #, etc.

**Boca Raton**

City & State

**Florida**

Zip

**33431**

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**74-3064025**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ZIFRONY, MATTHEW ESQ.**  
**C/O TRIPP SCOTT, P.A.**  
**110 SE 6TH STREET 15TH FLOOR**  
**FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name

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

City

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**TITLE** **D** ☐ Delete  
**NAME** **SHIHADAH, MOHAMED**  
**STREET ADDRESS** **1133 S. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** **D** ☐ Delete  
**NAME** **SHIHADAH, FAWZI**  
**STREET ADDRESS** **1133 S. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**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:** *Mohamed Shihadah* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-25-03 (561) 212-6866**

CR2E034 (10/02)