

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90037 032 \*\*\*150.00

**DOCUMENT #** P93000022149

**1. Entity Name**  
 SUPER STOP NO 102 INC

**Principal Place of Business**  
 255 NW 199TH ST  
 MIAMI, FL 33169-2920

**Mailing Address**  
 255 NW 199 ST  
 MIAMI FL 33169-2920

720237

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 255 NW 199 ST  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 MIAMI FL

**4. FEI Number**  
 65-0399977

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MOHAMMAD I LAKHANI  
 255 NW 199 ST  
 MIAMI FL 33169-2920

**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.

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00**  
 Trust Fund Contribution. May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                         |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>MOHD I BANA<br>255 NW 199 ST<br>MIAMI FL 33169<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>MOHAMMAD I LAKAHANI<br>255 NW 199 ST<br>MIAMI FL 33169<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>HAMID LAKHANI<br>255 NW 199 ST<br>MIAMI FL 33169<br><input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **MOHD I BANA** 4/13/2000 (305) 655-3433  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)