

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

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

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

City & State
 MIAMI FL

Zip
 33169-2920

Country

4. FEI Number
 65-0399977

Applied For
 Not Applicable

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

720237

DO NOT WRITE IN THIS SPACE

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

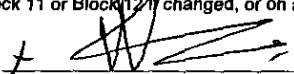
11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOHD I BANA	
STREET ADDRESS	255 NW 199 ST	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOHAMMAD I LAKAHANI	
STREET ADDRESS	255 NW 199 ST	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMID LAKHANI	
STREET ADDRESS	255 NW 199 ST	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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)