2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am P94000019178 DOCUMENT # Secretary of State 1. Entity Name QUICK STOP N GO INC. 03-28-2002 90352 028 ***150 00 Principal Place of Business Mailing Address 1461 W. BOYNTON BEACH BLVD 1461 W. BOYNTON BEACH BLVD. **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0473134 Not Applicable Zip -Country Zip Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, MAHESH Street Address (P.O. Box Number is Not Acceptable) 1461 W. BOYNTON BEACH BLVD. **BOYNTON BEACH FL 33435** City 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. Ē Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Directon. TITLE Delete TITLE Addition PATEL, MAHESH NAME NAME CHANDURALA PATEL 1461 W. BOYNTON BEACH BLVD. STREET ADDRESS STREET ADDRESS 1461, W. BOYNTON BEACH BIND. **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP BOYNTOH BEACH, FL33426 TITLE Delete TITLE PATEL, MUKESH NAME NAME 1461 W. BOYNTON BEACH BLVD STRÉET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED