2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P94000077184** OLD CUTLER SERVICE STATION, INC. 01-25-2000 90072 033 ***150.00 Principal Place of Business Mailing Address % JOHN KATSOULIS % JOHN KATSOULIS 20245 FRANJO ROAD 20245 FRANJO ROAD MIAMI FL 33189 MIAMI FL 33189-1818 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0539738 Not Applied. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATSOULIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 20245 FRANJO ROAD **MIAMI FL 33189** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete KATSOULIS, JOHN NAME STREET ADDRESS STREET ADDRESS 20245 FRANJO ROAD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** ☐ Change Delete TITLE TITLE KATSOULIS, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 20245 FRANJO ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Change ☐ Delete TITLE TITLE --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the demption 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 his report is reported by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all oth

STREET ADDRESS

1/16/00