

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90764 024 ***150.00

DOCUMENT # P95000013566

1. Entity Name
SUPER STOP 79, INC.



Principal Place of Business *JC* Mailing Address *JC*
~~6221 W. ATLANTIC BLVD~~ **5411 STIRLING RD** ~~6221 W. ATLANTIC BLVD~~ **5411 STIRLING RD**
~~MARGATE FL 33063~~ **DAVIE, FL 33314** ~~MARGATE FL 33063~~ **DAVIE, FL 33314**
~~US~~ **US**



2. Principal Place of Business **5411 Stirling Road** 3. Mailing Address **5411 Stirling Road**
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State **DAVIE, FLORIDA** City & State **DAVIE, FLORIDA**
Zip **33314** Country **U.S.A.** Zip **33314** Country **U.S.A.**

4. FEI Number **65-0576908** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QURESHI, DENISE
6221 W. ATLANTIC BLVD
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **Joseph Chandy**
Street Address (P.O. Box Number is Not Acceptable)
3250 Pembroke Road DAVIE, FL 33314
City **DAVIE** FL Zip Code **33314**

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 *Joseph Chandy* **Joseph Chandy** **03/28/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPST	JOSEPH CHANDY	5411 STIRLING RD	DAVIE, FL 33314	<input checked="" type="checkbox"/>
	QURESHI, DENISE	6221 W. ATLANTIC BLVD	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DPST	Joseph Chandy	3250 Pembroke Road	DAVIE, FL 33314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Pembroke Park, FL	33009	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph Chandy* **Joseph Chandy** **03/28/03** **(954) 797-5070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)