2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🕽

IGNATURE AND TYPED OR PRINTED NAME OF SIGNEY

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P95000046251 SUPER STOP HALLANDALE, INC. 02-13-2001 90033 015 ***158.75 Principal Place of Business Mailing Address 3151 W HALLANDALE BEACH -0221 W. ATLANTIC BEVD PEMBROKE PARK FL 33023 MARGATE-FL 93063-2. Principal Place of Business 3. Mailing Address 3151 W. Hallandale Beach Bly Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0585923 embroke Park FC 33023 Not Applicable Zip 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 JOVANOVIC QURESHI, DENISE Street Address (P.O. Box Number is Not Acceptable) 6221 W. ASSESNTIC BLVD MARGATÉ FL 33063 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. Jovanovic, Es SIGNATURE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR DPST Change . ☐ Addition ☐ Delete TITLE TITLE QURESHI, Denise QURESHI, DENISE NAME NAME 6221 W. Atlantic Blyd STREET ADDRESS 6221 W. ATLANTIC BLVD STREET ADDRESS FT. LAUDERDALE FL 33063 DIRECTOR PRESIDENT CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE RASHID ISHRAT NAME NAME 3:51 W. Hallandale Beach STREET ADDRESS STREET ADDRESS CITY:ST-ZIP CITY-ST-ZIP -= Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 significure 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 virial address, with all other like empowered.