

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90764 027 ***150.00

DOCUMENT # **P95000046255**

1. Entity Name
SUPER STOP 441, INC.



Principal Place of Business
~~6221 W ATLANTIC BLVD~~ **2099 S. STATE RD 7**
~~MARGATE FL 33063~~ **Fl. Lauderdale**
~~US~~ **FL-33317, USA**

Mailing Address
~~6221 W ATLANTIC BLVD~~ **2099 S. STATE RD 7**
~~MARGATE FL 33063~~ **Fl. Lauderdale**
~~US~~ **FL-33317, U.S.A**



2. Principal Place of Business
2099 S. State Road 7

3. Mailing Address
2099 S. State Road 7

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL.

City & State
Fort Lauderdale FL.

Zip Country
33317 U.S.A.

Zip Country
33317 U.S.A.

4. FEI Number **65-0585920**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHANDY, JOSEPH
3250 PEMBROKE RD
PEMBROKE PARK FL ~~33020~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code **33009**

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 *X Joseph A. Chandy* **Joseph A. 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	DPST QURESHI, DENISE 6221 W ATLANTIC BLVD MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDY, JOSEPH 0004 MARYLAND ST NILES IL 60714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPH, GEORGE 780 WANNINGTON RD DES PLAINES IL 60016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHANDY, JOSEPH A. 3250 Pembroke Road Pembroke Park, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (10/02)