

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060354

1. Entity Name

MAH'S AMOCO # 2 .INC

Principal Place of Business

751 CLEARWATER LARGO RD  
LARGO FL 33640

Mailing Address

751 CLEARWATER LARGO RD  
LARGO FL 33640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3339610

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AKTHER, NILUFA  
751 CLEARWATER LARGO RD  
LARGO FL 33640

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME BEGUM, LUTFA  
STREET ADDRESS 1201 SEMINOLE BLVD.  
CITY-ST-ZIP LARGO FL 33640 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/00

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90150 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

309340

August 15, 2000

To the Florida Department of State:

My name is Lutfa Begum. Your department sent a letter of renewal for my corporation in the month of July. The renewal fee was \$150 in the first letter. But for some complication, I did not receive the first letter. Later on, you all sent me a second letter with the price of \$550. With this in mind, I called your office. When I spoke your office, they told me to just send the \$150. When I had sent the money, your office said that they wouldn't accept it. On top of that, they sent me another letter stating that I needed to pay another \$400 to balance the amount. I called your office again about this on August 14th. They then told me to attach the copy of the letters along with this letter explaining the situation. Please reconsider this \$400 and renew my corporation.

Thankyou,

Lutfa Begum

*Lutfa Begum*