2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
05-18-2001 91594 016 ***158.75

[redacted]

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000081260

1. Entity Name: SUPER STOP SIXTH AVENUE, INC.

Principal Place of Business	Mailing Address
15150 NE 6TH AVE MIAMI, FL 33162	15150 NE 6th AVE MIAMI, FL 33162

2. Principal Place of Business	3. Mailing Address
15150 NE 6th Ave	15150 NE 6th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: MIAMI FLORIDA
Zip: 33162 Country: USA	Zip: 33162 Country: USA

4. FEI Number: 6' ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMID LAKHANI 15150 NE 6th AVE. MIAMI, FL. 33162	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] HAMID LAKHANI 6-27-01
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 $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HAMID LAKHANI STREET ADDRESS: 15150 NE 6th AVE CITY-ST-ZIP: MIAMI FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VP NAME: MOHAMMAD I LAKHANI STREET ADDRESS: 3300 UNIVERSITY DR. #321 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] MOHAMMAD LAKHANI V.P. 4/30/01 305-949-5090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #