

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # SUPER 9 TRAVEL MART CO  
 1. Entity Name P960000042327  
 SHAHAB H SIDDIQI

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAY -3 AM 9:32

Principal Place of Business Mailing Address  
 SUPER 9 TRAVEL MART  
 5344 S.E. ABSHIRE BLVD  
 BELLEVUE FL 34420

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3416730

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

SHAHAB H SIDDIQI  
 5344 S.E. ABSHIRE BLVD  
 BELLEVUE FL 34420

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

SH. Siddiqi

SHAHAB H SIDDIQI

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, 2000 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 ☐ Delete

NAME SHAHAB H SIDDIQI

STREET ADDRESS 5344 S.E. ABSHIRE BLVD

CITY-ST-ZIP BELLEVUE FL 34420

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

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 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:

SH. Siddiqi

SHAHAB H SIDDIQI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)