2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000057012** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** SUPER STOP #207, INC. 01-20-2000 90126 012 ***150.00 Mailing Address Principal Place of Business 1850 w oakland PK BLVD 1850 W OAKLAND PK BLVD OAKLAND PARK FL 33311-1518 OAKLAND PARK FL 33311 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0679851 Not Applicable Zip 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 Name DE ZABALA, ZABIER Street Address (P.O. Box Number is Not Acceptable) 13020 NW FIRST STREET PLANTATION FL 33325 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change Addition TITI F ☐ Delete TITI F DE ZABALA, XABIER NAME STREET ADDRESS 13020 NW 1ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION LF 33325 ☐ Change Addition ☐ Delete TITLE TITLE ZABALA, JON-PAUL NAME NAME STREET ADDRESS 13020 NW 1ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PLANTATION FL 33325 ☐ Addition Change TITLE Delete -ZABALA, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 13020 NW 1ST ST CITY-ST-ZIP CITY-ST-ZIP PLANTAITON FL 33325 Addition ☐ Change TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SHORT

changed, or on an attachment with a

DIRECTOR

XABIER DE ZABALA

Daytime Phone #