

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90312 001 ***158.75

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1. Entity Name
SUPER STOP #407, INC.

Principal Place of Business
**6221 W ATLANTIC BLVD
MARGATE FL 33063**

Mailing Address
**6221 W ATLANTIC BLVD
MARGATE FL 33063**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0750720**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**QURESHI, DENISE
6221 W ATLANTIC BLVD
MARGATE FL 33063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	PSTD QURESHI, DENISE 6221 W ATLANTIC BLVD MARGATE FL 33063
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"/> Delete	
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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	
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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: *Denise Qureshi* **REQUIRE SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 954-977-9728
Date Daytime Phone #

CR2E034 (10/02)