

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000069882**

1. Entity Name

ENERGY SERVICE STATION, CORP.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90115 021 ***150.00

Principal Place of Business

**8081 NW 67 ST
MIAMI FL 33166**

Mailing Address

**8081 NW 67 ST
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 441059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CITY & STATE
MIAMI, FL**

Zip

Country

**Zip
33144-1059****Country
U.S.A.**4. FEI Number **65-0688917**

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

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 \$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	PD	<input type="checkbox"/> Delete
NAME	MESAS, JOSE	
STREET ADDRESS	8370 W FLAGLER ST, SUITE 118	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESAS, JOSE	
STREET ADDRESS	730 SW 92nd Passage Ave	
CITY-ST-ZIP	MIAMI, FL 33174	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, JAVIER O	
STREET ADDRESS	8370 W FLAGLER ST, SUITE 118	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MESAS, ALEXIS	
STREET ADDRESS	730 S.W. 92 PASSAGE AVE	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MESAS, DAVID	
STREET ADDRESS	730 S.W. 92 PASSAGE AVE	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)