

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
MIAMI, FL

Zip
33144-1059

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

MESAS, JOSE
8081 NW 67 ST
MIAMI FL 33166

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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
(See criteria on back) **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 NAME STREET ADDRESS CITY-ST-ZIP	PD MESAS, JOSE 8370 W FLAGLER ST, SUITE 118 MIAMI FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D MESAS, JOSE 730 SW 92nd Passage Ave MIAMI, FL 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASTILLO, JAVIER O 8370 W FLAGLER ST, SUITE 118 MIAMI FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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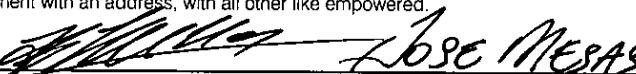
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MESAS, ALEXIS 730 S.W. 92 PASSAGE AVE MIAMI FL 33174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MESAS, DAVID 730 S.W. 92 PASSAGE AVE MIAMI FL 33174	<input checked="" 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4-26-01 (305)629-2629

Date

Daytime Phone #

CR2E034 (10/00)