Applied For

\$8.75 Additional

Not Applicable

FILE MOVE FILLING FEE AFTER MAY 1ST IS \$550.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$97000059226

1. Corporation Name

UNIVERSITY SUPER STOP, INC.

Principal Place of Business								
6320 UNIVERSITY BLVD.								

2. Principal Place of Business

WINTER PARK FL 32792

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

6320 UNIVERSITY BLVD. WINTER PARK FL 32792

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FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90047 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/07/1997 4. FEI Number

59-3455112

22		27			5. Commodito of Charles Cooked	Fee Re	quired		
City & State	e	Clty & State			6. Election Campaign Financing	\$5.00	May Be		
23		28	1		Trust Fund Contribution	Added to	o Fees		
Zip	Country	Zip	Zip Country		8. This corporation owes the current year	Intangible			
24	25	29 30	30		Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Current Registered Agent			_	10. Name and Address of New Register	ed Agent			
	<u> </u>		81	Name		,			
NGU	YEN, TIM		\Box						
2303 SUMMERWIND DR			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		Ì		
WINTER PARK FL 32792				83					
WHITEH FAIR FE SEISE					कर है। जिस्सी के प्रतिकारित के किस के कि		4. 图1. 图		
			84	City		85 Zip C	Code		
تترط البراء ليمامم	7 1 19 T								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
The Pursuant to the Provisions of Section 807.0504, hinted State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME .	NGUYEN, TIM								
STREET ADDRESS	2303 SUMMERWIND DR		1.3 STREET	ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-S7	7.7/P					
TITLE	V	DELETE	2.1 TITLE		······································	☐ Change	☐ Addition		
	TRAN, TRACEY	<u></u>	2.2 NAME				ļ		
NAME	AGOS CHIMINEDWAND DD			***********					
STREET ADDRESS			2.3 STREET		· 				
CITY-ST-ZIP	WINTER PARK FL 32792	DELETE	2. 4 CITY-S	T-ZIP		☐ Change	Addition		
TITLE .	YER RE	□ DECE IE	3.1 TITLE						
NAME	DEAR A A A SA		3.2 NAME				į		
STREET ADDRESS	TRACTION OF		3.3 STREET	ADDRESS	**	क्षर र ५ %	. 1. 7.		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE	-		☐ Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	•				
CITY-ST-ZIP			4.4 CITY+S	T-ZIP	•				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
	÷.		5.4 CiTY-ST	1	-		. 1		
CITY-ST-ZIP	WONTEN A	□ DELETE	6.1 TITLE			☐ Change	Addition		
TITLE	23/8/22/4/19	_ occit	6.2 NAME						
NAME	West Same		6.3 STREET	ADDDESS			j		
STREET ADDRESS							l		
CITY-ST-ZIP	<u> </u>		6.4 CITY-S		The original Florida Control of the				
14. I hereby	certify that the information supplied v	vith this filing does not qualify for t	he exempti	on stated i	n Section 119.07(3)(i), Florida Statutes. I further	certify that the i	ntormation		

4. 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 informatio indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SI SWATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (407) 657-665;