2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000080420 Apr 26, 2000 8:00 am Secretary of State SUPER STOP #802, INC. 04-26-2000 90193 050 ***158.75 Principal Place of Business Mailing Address 6221 W ATLANTIC BLVD 6221 W ATLANTIC BLVD MARGATE FL 33063 MARGATE FL 33063-5128 2. Principal Place of Business 221 Babcock Street 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Melbourne Applied For 4. FEI Number City & State 65-0780547 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32935 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **QURESHI. DENISE** Street Address (P.O. Box Number is Not Acceptable) 100 3101-N-FEDERAL: 11VY-#804 LAUDERDALE FL 33306 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 Pres. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPST** TITLE Change Addition ☐ Delete TITLE NAME NAME **QURESHI, DENISE A** STREET ADDRESS STREET ADDRESS 6221 W ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CICALATI IDE:

TIDE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-19-00

954-977-9728

Daytime Phone

☐ Change

Addition