## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000096890** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name CHEVRON FOOD MART, INC. 04-18-2000 90191 040 \*\*\*150.00 Principal Place of Business Mailing Address 901 TAMPA ROAD 901 TAMPA ROAD PALM HARBOR FL 34683 PALM HARBOR FL 34683-5528 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3480063 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHIN CARRION, RAMON 28100 U.S. 19 NORTH STE. 502 **CLEARWATER FL 34621** City 8. The above named entity submits this statement for the purpose of changing its register red agent, or both, in the State of Florida office or SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change ☐ Addition TITLE SHERWANI. NAME NAME 2945 GROVEWOOD BLVD., APT. B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Addition TITLE Delete TITLE KHIN, ALI H NAME NAME 1310 GULL Blud sulle 10-D STREET ADDRESS 1005 GURL BLVD, STE 401 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP INDIAN ROCKS FL 33785 Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI E TITLE 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.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR