2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096890

1. Entity Name
CHEVRON FOOD MART, INC.

FILED
02 JUN 24 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
901 TAMPA ROAD PALM HARBOR FL 34683 US	901 TAMPA ROAD PALM HARBOR FL 34683 US

2. Principal Place of Business	3. Mailing Address
	2926 ROOSEVELT Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State CLEARWATER FL
Zip / Country	Zip 33760 Country USA

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480063 ☐ 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
KHIN, ALI 1310 GULF BLVD. STE. 10-D CLEARWATER FL 33767	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] (ALI KHIN) 5/28/02
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHERWANI, ABID 2945 GROVEWOOD BLVD., APT. B PALM HARBOR FL 34683 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700007077307--5 -08/13/02--01054--008 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KHIN, ALI H 1310 GULF BLVD. STE. 10-D INDIAN ROCKS FL 33785 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 02/13/02 90187 029 $750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 REQUIRED (ABID SHERWANI) 1-21-02 (727) 738-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #