

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000002714**

1. Entry Name

KWIK STOP #2604, INC.

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91519 020 ***150.00

DO NOT WRITE IN THIS SPACE

10090178

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
5701 NEBRASKA AVE

Suite, Apt. #, etc.
5701 NEBRASKA AVE

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
593492682

Applied For
Not Applicable

Zip
33604

Country
U.S.A

Zip
33604

Country
U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **JALAL AHMED**

Street Address (P.O. Box Number is Not Acceptable)

790 E. BAY DRIVE

City **LARGO**

FL

Zip Code
33770

**DO NOT WRITE
IN THIS SPACE**

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 (not file if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PSD**
NAME **JALAL AHMED**
STREET ADDRESS **790 E. BAY DR**
CITY - ST - ZIP **LARGO, FL - 33770**

TITLE **VP**
NAME **MOHAMMED KHAN**
STREET ADDRESS **10245 LA REINA ROAD**
CITY - ST - ZIP **DELRAY BEACH, FLORIDA - 33442**

TITLE **D**
NAME **MANZURUL ISLAM**
STREET ADDRESS **12693 TORBAY DRIVE**
CITY - ST - ZIP **BOCA RATON, FL - 33428**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/30/03

**954-520
0822**