

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 003 ***550.00

DOCUMENT # P98000033988

1. Entity Name
NORTHLAKE TEXACO, INC.



Principal Place of Business
2915 NORTHLAKE BLVD
LAKE PARK, FL 33403

Mailing Address
2915 NORTHLAKE BLVD.
LAKE PARK, FL 33403



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0828795
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NARAYAN, SAVADAS
836 CINNAMON RD
PALM BEACH GARDENS, FL 33408

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NARAYAN, SAVADAS J
STREET ADDRESS 836 CINNAMON RD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VD
NAME MUKESHKUMAR, SONI P
STREET ADDRESS 836 CINNAMON RD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE SD
NAME REKHA, SONI
STREET ADDRESS 836 CINNAMON RD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE OD
NAME VISHAL, SAVADAS N
STREET ADDRESS 836 CINNAMON RD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, 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 #

7/13/04