

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000033988**

1. Entity Name
NORTHLAKE TEXACO, INC.



FILED

03 MAR 24 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2915 NORTHLAKE BLVD
LAKE PARK FL 33408**

Mailing Address
**2015 NORTHLAKE BLVD
LAKE PARK FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0828795** Applied For
 Not Applicable

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

83
03-06-03 90121-029 \$150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARAYAN, SAVADAS
838 CINNAMON RD
PALM BEACH GARDENS FL 33408**

*✓ This is
Correct
Registered Agent*

Name
Street Address (P.O. Box Number is Not Acceptable)
~~NORTHLAKE TEXACO, INC~~
~~2915 NORTHLAKE BLVD,~~
~~LAKE PARK, FL 33408~~
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE **03-03-03**

FILE NOW!!! FEE IS \$750.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD NARAYAN, SAVADAS J**
STREET ADDRESS **838 CINNAMON RD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition

TITLE Delete
NAME **VD MUKESHKUMAR, SONI P**
STREET ADDRESS **838 CINNAMON RD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition

TITLE Delete
NAME **SD REKHA, SONI**
STREET ADDRESS **838 CINNAMON RD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition

TITLE Delete
NAME **OD VISHAL, SAVADAS N**
STREET ADDRESS **838 CINNAMON RD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, firm or other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E034 (10/02)