

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000046406

FILED
Mar 21, 2003
Secretary of State

Entity Name: SOUTH FLORIDA FLEET FUELING, INC.

Current Principal Place of Business:

C/O LEE MANDELL, ESQUIRE
800 BRICKELL AVENUE #904
MIAMI, FL 33131

New Principal Place of Business:

C/O LEE MANDELL, ESQUIRE
7400 SW 50 TERRACE #203
MIAMI, FL 33155

Current Mailing Address:

C/O LEE MANDELL, ESQUIRE
800 BRICKELL AVENUE #904
MIAMI, FL 33131

New Mailing Address:

C/O LEE MANDELL, ESQUIRE
7400 SW 50 TERRACE #203
MIAMI, FL 33155

FEI Number: 65-0930105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDELL, LEE ESQ
LEE MANDELL, P.A.
800 BRICKELL AVENUE #904
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MANDELL, LEE ESQ
LEE MANDELL, P.A.
7400 SW 50 TERRACE #203
MIAMI, FL 33155 US

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: LEE MANDELL

03/21/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MANDELL, LEE ESQ
Address: C/O 800 BRICKELL AVENUE #904
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: JACOBSON, HARVEY
Address: 11550 NW 36 AVE
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JACOBSON, HARVEY
Address: PO BOX 350430
City-St-Zip: FORT LAUDERDALE, FL 33335

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY JACOBSON

PD

03/21/2003

Electronic Signature of Signing Officer or Director

Date