

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098952

1. Entity Name

MANSOUR'S TEXACO & FOOD MART INC

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90312 031 \*\*\*150.00

Principal Place of Business

6303 S ORANGE BLOSSOM TR  
ORLANDO FL 32809

Mailing Address

6303 S ORANGE BLOSSOM TR  
ORLANDO FL 32809

2. Principal Place of Business

6303 S. Orange Blossom TR  
Suite, Apt. #, etc.

3. Mailing Address

6303 S. Orange Blossom TR  
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number 59-3547812

Applied For

Not Applicable

Zip

32809

Country

U.S.A.

Zip

32809

Country

U.S.A.

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

MANSOUR, WEFKY  
6303 S ORANGE BLOSSOM TR  
ORLANDO FL 32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P ☐ Delete  
NAME MANSOUR, WEFKY  
STREET ADDRESS 6303 S ORANGE BLOSSOM TR  
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MANSOUR, LAILA  
STREET ADDRESS 6303 S ORANGE BLOSSOM TR  
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/01 (407) 855 2890

CR2E034 (10/00)