

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0287373

DOCUMENT # P99000001382

1. Entity Name

OKEECHOBEE TEXACO, INC.

05-16-2001 90185 008 ***150.00

Principal Place of Business

**12693 TORBAY DR.
 BOCA RATON FL 33428**

Mailing Address

**12693 TORBAY DR.
 BOCA RATON FL 33428**

00052293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ISLAM, MANZURUL
 12693 TORBAY DR.
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

MOHAMMED SHAHED MIAH

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

12693 TORBAY DR

City

BOCA-RATON

FL

Zip Code

33428

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

M.S. Miah

4-25-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☒ Delete
 NAME **ISLAM, MANZURUL**
 STREET ADDRESS **12693 TORBAY DR.**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / SEC** ☐ Change ☒ Addition
 NAME **MOHAMMED SHAHED MIAH**
 STREET ADDRESS **12693 TORBAY DR**
 CITY-ST-ZIP **FLA- 33428 BOCA-RATON**

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

TITLE ☐ Change ☐ Addition
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 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:

M.S. Miah MOHAMMED S. MIAH

4-25-01 (954) 520-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)