

DOCUMENT # P99000060864

1. Entity Name

FIRST QUALITY GASOLINE, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90097 008 \*\*\*150.00

Principal Place of Business

Mailing Address

401 N.W. 152 AVENUE  
 PEMBROKE PINES FL 33028

401 N.W. 152 AVENUE  
 PEMBROKE PINES FL 33028-1849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2905 W Okeechobee Rd

2905 W Okeechobee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Hialeah, Florida

City &amp; State

Hialeah, Florida

4. FEI Number

65-0932280

Applied For

Not Applicable

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

Zip

Country

MIAMI DADE

Zip

Country

Miami Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEHMOOD, AMY  
 601 S.W. 68 TERRACE  
 PEMBROKE PINES FL 33023

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

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, 2000 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 PAUNCHALT, LUIS  
 STREET ADDRESS 401 N.W. 152 AVENUE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE SD ☐ Delete  
 NAME PAUNCHALT, YOLANDA SORTER  
 STREET ADDRESS 401 N.W. 152 AVENUE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE SECRETARY / DIRECTOR ☒ Change ☐ Addition  
 NAME YOLANDA SORTER  
 STREET ADDRESS 401 N.W. 152 AVE  
 CITY-ST-ZIP PEMBROKE PINES FL 33028

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

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-00 (305) 887-5697

Date

Daytime Phone #