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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-15-2000 90285 019 ***150.00

DOCUMENT #. P99000096788

1. Entity Name

ONLY IN AMERICA GAS STATIONS, INC.

Principal Place of Business

~~W. 24TH AVE., #106~~
~~FL 33016~~
930. N.E. 133RD STREET #APT 6.
NORTH. MIAMI. FL. 33161.

Mailing Address 930. N.E. 133RD ST
~~6041 W. 24TH AVE., #106~~
~~HIALEAH FL 33016-0907~~
MIAMI. FL. 33161.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
930 N.E. 133rd st Apt #6		930 N.E. 133rd st	
Suite, Apt #, etc. 6		Suite, Apt #, etc. 6	
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, Fl	
Zip 33161	Country U.S.A.	Zip 33161	Country U.S.A.

4. FEI Number 65-0965885. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAGANI, MEHBOOB S
~~6041 W. 24TH AVE., #106~~
~~HIALEAH FL 33016~~
930. N.E. 133RD STREET APT #6
NORTH. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAGANI, MEHBOOB S 6041 W. 24TH AVE., #106 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANNATALI, YASMIN 6041 W. 24TH AVE., #106 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 #