2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90027 020 ***150.00

DOCUMENT # P99000097441

1. Entity Name
RIVERA'S GAS STATION, INC.

Principal Place of Business	Mailing Address
8325 N FLA AVE TAMPA FL 33610	504 SIOBHAN CT TAMPA FL 33613

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607351 — Applied For / Not Applicable

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
RIVERA, HECTOR 504 SIOBHAN CT TAMPA FL 33613	Name: Rivera, Hector Street Address (P.O. Box Number is Not Acceptable): 1423 McCrea Drive City: Lutz FL FL Zip Code: 33549

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: Hector Rivera — Signature, typed or printed name of registered agent and title if applicable. Hector Rivera (NOTE: Registered Agent signature required when reinstating) DATE: 02-18-02

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, 2002 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	PD RIVERA, HECTOR 504 SIOBHAN CT TAMPA FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, Hector Rivera 1423 McCrea Drive Lutz FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIVERA, WILLIAM 504 SIOBHAN CT TAMPA FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD, William Rivera 1423 McCrea Drive Lutz FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Hector Rivera — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 02-18-02 — Daytime Phone #: (813) 935-2051

CR2E034 (9/01)