

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



Doc#: 1402129027 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/21/2014 11:32 AM Pg: 1 of 2

A. NAME & PHONE OF CONTACT AT FILER (optional) WORLD FUEL SERVICES DBA TEXOR PETROLEUM
B. E-MAIL CONTACT AT FILER (optional) kelly.allen@carterenergy.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) WORLD FUEL SERVICES DBA TEXOR PETROLEUM P.O. BOX 29106 SHAWNEE MISSION KS 66201 913-643-2247

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME FAJR ENTERPRISES, INCORPORATED					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 14559 S TORRENCE AVE		CITY BURNHAM	STATE IL	POSTAL CODE 60633	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME WORLD FUEL SERVICES DBA TEXOR PETROLEUM					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS P.O. BOX 29106		CITY SHAWNEE MISSION	STATE KS	POSTAL CODE 66201	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

THREE(3) GASOLINE DISPENSERS TOKHEIM BRAND
ONE(1) CITGO BRANDED CANOPY
TWO(2) RUBY POS REGISTER CONSOLE
WALK IN COOLER
ONE(1) CITGO BRANDED 3 PRODUCT LED SIGN
ALL FIXTURES
ALL INVENTORY
ALL PERSONAL PROPERTY
PIN#30-06-313-036-0000

S Y
P d
S M
M M
30/3
E X
INT

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
FAJR ENTERPRISE

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

FAJR ENTERPRISES, INCORPORATEDOR
9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

**FAJR ENTERPRISES, LLC
14559 S TORRENCE AVE
BURNHAM, IL 60633**

16. Description of real estate:

**THE WEST 162.50 FEET OF THE 100-FOOR SC AND S
RAILROAD RIGHT OF WAY ACROSS THE SOUTHWEST 1/4
OF THE SOUTHWEST 1/4(EXCEPT TORRENCE AVENUE)IN
SECTION 6 TOWNSHIP 36 NORTH,RANGE 15 EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.
PIN#30-06-313-036-0000**

17. MISCELLANEOUS: