2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91977 Aug 03, 2000 8:00 am Secretary of State 1. Entity Name G A DISCOUNT CONVENIENCE STORE, INC. 08-03-2000 90091 012 ***550.00 Principal Place of Business Mailing Address 3015 ORANGE AVE 3015 ORANGE AVE FT PIERCE FL 34947-3634 FT PIERCE FL 34947-3634 Principal Place of Business 3. Mailing Address em lock 1107 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. EEI Number 65-0222752 PIENQ Not Applicable \$8.75 Additional 5. Certificate of Status Desired **DUQ** LUCIR Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GEBRE-AMLAS RELAY MESH GABRE-AMLAK, YEMANE Address (P.O. Box Number is Not Acceptable) 3015 ORANGE AVE FT PIERCE FL 34950 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. XX Change Addition TITLE Delete TITLE GEBRE-AMLAK, BELAYNESH A NAME 1107 Hemlock STREET ADDRESS 3015 ORANGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL TITLE ☐ Delete TITLE GEBRE-AMLAK, 1107 Hemlock YEMANE GABRE-AMLAK, YONAS NAME NAME STREET ADDRESS 3015 ORANGE AVE STREET ADDRESS PIERCE. CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP ☐ Addition ☐ Delete TITL F TITLE GEBRE-AMLAK, YONAS NAME NAME 1107 Hemlock Cir FT. PIERCE, FC 34947 STREET ADDRESS STREET ADDRESS 3015 ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

467-1782

Daytime Phone 4