

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90072 039 ***150.00

DOCUMENT # L91977

1. Entity Name
G A DISCOUNT CONVENIENCE STORE, INC.

Principal Place of Business
**1107 HEMLOCK CIR
FT PIERCE FL 34947-3634**

Mailing Address
**1107 HEMLOCK CIR
FT PIERCE FL 34947-3634**

00040001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
498 NE DONITA CT
Suite, Apt. #, etc.

3. Mailing Address
- Same -
Suite, Apt. #, etc.

City & State
PORT ST LUCIE

City & State

4. FEI Number **65-0222752**

Applied For
Not Applicable

Zip
34983

Country
ST LUCIE

Zip

Country

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

**GABRE-AMLAH, YEMANE
1107 HEMLOCK CIR
FORT PIERCE FL 34947**

Name **YONAS GEBRE-AMLAH**

Street Address (P.O. Box Number is Not Acceptable)
498 NE DONITA CT

City **Port St. Lucie** **FL** Zip Code **34983**

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 *Yonas Gebre-Amlah* Secretary

3-10-01

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, 2001 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 GEBRE-AMLAH, BELAYNESH A 1107 HEMLOCK CIR FORT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEBRE-AMCAH, YEMANE 1107 HEMLOCK CIR FORT PIERCE FL 34947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEBRE-AMLAH, YONAS 1107 HEMLOCK CIR FORT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
498 NE DONITA CT. PSL, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2603 S. 16th St. Ft. Pierce, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
498 NE DONITA CT. PSL, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Yonas Gebre-Amlah*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-01

Date

Daytime Phone #

(561)
340-1000

CR2E034 (10/00)