

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0456274 AV

DOCUMENT # P01000075455

1. Entity Name

MAAJOUN'S GAS & FOOD MART, INC.

04-08-2002 90205 038 ***150.00

Principal Place of Business

**2504 COUNTRYSIDE PINES DRIVE
 CLEARWATER FL 33761**

Mailing Address

**2504 COUNTRYSIDE PINES DRIVE
 CLEARWATER FL 33761**



2. Principal Place of Business

Wheeler Texaco

3. Mailing Address

FRANZSE & BAIAN

Suite, Apt. #, etc.

2501 N. Wheeler ST.

Suite, Apt. #, etc.

136 Broadway

DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

City & State

Woodcliff Lake, NJ

4. FEI Number

59-3736491

Applied For

Not Applicable

Zip

33765

Country

U.S.A

Zip

07677

Country

U.S.A

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

6. Name and Address of Current Registered Agent

MAAJOUN, GEORGE

**2504 COUNTRYSIDE PINES DRIVE
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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, 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

TITLE *President*
 NAME *George MAAJOUN*
 STREET ADDRESS *2504 Countryside Pines Dr*
 CITY-ST-ZIP *Clearwater, FL 33761*

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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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:

George MAAJOUN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)