2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000130163

1. Entity Name
UNITED GAS & CONVENIENCE INC.

Principal Place of Business	Mailing Address
935 N. COCOA BLVD. #1015 COCOA, FL 32922	55 WASHINGTON ST., #306 EAST ORANGE, NJ 07017

01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1034465
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAHMI, ABDELHAK
18002 RICHMOND PL. DR.
#1015
TAMPA, FL 33647

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000050836
02/16/04-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAHMI, ABDELHAK
STREET ADDRESS	18002 RICHMOND PL. DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VP
NAME	ABUROMI, IMAD
STREET ADDRESS	57 COURTLAND ST.
CITY-ST-ZIP	PATERSON, NJ 07503
TITLE	TR
NAME	ABUROMI, ZIYAD
STREET ADDRESS	57 COURTLAND ST.
CITY-ST-ZIP	PATERSON, NJ 07503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 2/11/04 321-454-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #