

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90178 005 \*\*\*150.00

0012773 MB

**DOCUMENT # P02000130163**

1. Entity Name

UNITED GAS & CONVENIENCE INC.



Principal Place of Business

18002 RICHMOND PL. DR.  
#1015  
TAMPA FL 33647

Mailing Address

55 WASHINGTON ST..  
#306  
EAST ORANGE NJ 07017

2. Principal Place of Business

3. Mailing Address

935 N. COCOA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

Zip

Country

32922

Brevard

Zip

Country

4. FEI Number

33-1034465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DAHMI, ABDELHAK  
STREET ADDRESS 18002 RICHMOND PL. DR.  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ABUROMI, IMAD  
STREET ADDRESS 57. COURTLAND ST.  
CITY-ST-ZIP PATERSON NJ 07503

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME ABUROMI, ZIYAD  
STREET ADDRESS 57 COURTLAND ST.  
CITY-ST-ZIP PATERSON NJ 07503

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03

Date

Daytime Phone #

CR2E034 (10/02)