

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90130 048 ***150.00

DOCUMENT # P96000063488

1. Entity Name
M & M FOOD & GAS INC.



Principal Place of Business
**1200 WEST WASHINGTON STREET
MONTICELLO FL 32344**

Mailing Address
**1200 WEST WASHINGTON STREET
MONTICELLO FL 32344**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3393943**

Applied For
Not Applicable

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

**MOSTAFA, MUHAMMED W
1200 WEST WASHINGTON STREET
MONTICELLO FL 32344**

Name
Khaleq Suzan

Street Address (P.O. Box Number is Not Acceptable)

261 STURGEON DR

City **Tallahassee**

FL

Zip Code **32312**

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
NAME **P**
STREET ADDRESS
CITY-ST-ZIP
**MOSTAFA, MUHAMMED W
1200 WEST WASHINGTON STREET
MONTICELLO FL 32344**

TITLE
NAME **Mostafa Muhammed W.**
STREET ADDRESS
CITY-ST-ZIP
v. president

TITLE
NAME **S**
STREET ADDRESS
CITY-ST-ZIP
**KHALIL, AIMAN
261 STURGEON DRIVE
TALLAHASSEE FL 32312**

TITLE
NAME **Aiman Khalil**
STREET ADDRESS
CITY-ST-ZIP
S.

TITLE
NAME **Khaleq - Suzan**
STREET ADDRESS
CITY-ST-ZIP
**261 STURGEON DR
TALLAHASSEE FL 32312**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzan Khaleq

03-24-03

Daytime Phone #

CR2E034 (10/02)