Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96 0000 90650

1. Entity Name

H.W.N Food & Gas Inc

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

02 JUN 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
4209 Crawfordville Rd
Suite, Apt. #, etc.

3. Mailing Address
4209 Crawfordville Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tallahassee - FL
City & State Tallahassee - FL

4. FEI Number 59-3408956

	Applied For
	Not Applicable

Zip 32310 | Country Leon
Zip 32310 | Country Leon

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Walid Abulaban

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

1975 Hickory Tree LN

City Tallahassee FL Zip Code 32303

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 Walid Abulaban   Walid Abulaban PR   6/11/02
(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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
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 PP NAME Walid Abulaban STREET ADDRESS 1975 Hickory Tree LN CITY-ST-ZIP Tallahassee FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005821952---6 -06/18/02--01079--022 ****245.00 *****61.25
TITLE V.P NAME Danny Qasem STREET ADDRESS 1610 W Tennessee ST CITY-ST-ZIP Tallahassee - FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Ahmad Atef STREET ADDRESS 4209 Crawfordville Rd CITY-ST-ZIP Tallahassee FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walid Abulaban   Walid Abulaban PR   6/11/02   524 2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #