

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended P.R.

DOCUMENT # P96000090650

1. Entity Name

H.W.N Food & Gas Inc

FILED

02 JUL 26 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

H.W.N Food & Gas Inc

3. Mailing Address

H.W.N Food & Gas Inc

Suite, Apt. #, etc.

4209 Crawfordville Rd

Suite, Apt. #, etc.

4209 Crawfordville Rd

City & State

Tall - FL

City & State

Tall FL

Zip

32740

Country

Leon

Zip

32310

Country

Leon

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3408956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Walid Abu laban

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

1975 Hickory Tree LN

City

Tall

FL

Zip Code

32303

DO NOT WRITE
IN THIS SPACE

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) ☐

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 PR
NAME Walid Abu laban
STREET ADDRESS 1975 Hickory Tree LN
CITY-ST-ZIP Tall - FL - 32303

TITLE
NAME
STREET ADDRESS 300006876133--4
CITY-ST-ZIP -08/02/02--01046--011
****122.50 *****61.25

TITLE V.P.
NAME Danny Qasem
STREET ADDRESS 1610 W. Tennessee St
CITY-ST-ZIP Tall - FL - 32704

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

SIGNATURE:

Walid Abu laban

7/26/02

850 524 2105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)