

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90007 019 \*\*\*150.00

DOCUMENT # **P97000026658**

1. Corporation Name

**MMM GAS INC.**

Principal Place of Business

Mailing Address

**4102 CLEVELAND AVE.  
FT. MYERS, FL-33901**

**4102 CLEVELAND AVE.  
FT. MYERS, FL-33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**3-25-97**

2. Principal Place of Business

2a. Mailing Address

21 **4102 CLEVELAND AVE**

26 **4102 CLEVELAND AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **FT. MYERS, FLORIDA**

27 **FT. MYERS, FLORIDA**

City & State

City & State

23 **FT. MYERS, FLORIDA**

28 **FT. MYERS, FLORIDA**

Zip

Zip

24 **33901**

29 **33901**

Country

Country

25 **US**

30 **US**

4. FEI Number  
**65-0739738**

Applied For

Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASAN MEHDI  
12320 SW 151 ST. #178  
MIAMI, FL-33186**

81 Name **NEHAL PERVEZ**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3810 CENTRAL AVE. #103**

83

84 City **FT. MYERS**

85 Zip Code **33901**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **X Nehal Pervez**

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

(NOTE: Registered Agent signature required when reinstating)

**03-29-99**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT/DIRECTOR** ☒ DELETE  
NAME **HASAN MEHDI**  
STREET ADDRESS **12320 SW 151 STREET #178**  
CITY-ST-ZIP **MIAMI, FL-33186**

1.1 TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME **MOHAMED M. HASSAN**  
1.3 STREET ADDRESS **3055 NW S. RIVER DR.**  
1.4 CITY-ST-ZIP **MIAMI, FL-33142**

TITLE **DIRECTOR** ☐ DELETE  
NAME **MOHAMED M. HASSAN**  
STREET ADDRESS **12320 SW 151 STREET. #178**  
CITY-ST-ZIP **MIAMI, FL-33186**

2.1 TITLE **VICE PRESIDENT/DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **NEHAL PERVEZ**  
2.3 STREET ADDRESS **3810 CENTRAL AVE. #103**  
2.4 CITY-ST-ZIP **FT. MYERS, FL-33901**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MOHAMED M. HASSAN**

**03-19-99**

**305-636-2911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)