

21-011101



Secretary of State
Statement of Information
 (California Stock, Agricultural
 Cooperative and Foreign Corporations)

92⁶⁴ SI-550

FILED
Secretary of State
State of California

MAR 22 2021

IMPORTANT — Read instructions before completing this

form. Fees (Filing plus Disclosure) – \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee – \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

MR. GLASS & VAPE, INC.

This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

4638692

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
10929 ALONDRA BLVD	NORWALK	CA	90650
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ JEHAD	First Name	Middle Name	Last Name	Suffix
		MOHAMMED	AL QAZA	
Address			City (no abbreviations)	State Zip Code
10929 ALONDRA BLVD			NORWALK	CA 90650
b. Secretary JEHAD	First Name	Middle Name	Last Name	Suffix
		MOHAMMED	AL QAZA	
Address			City (no abbreviations)	State Zip Code
10929 ALONDRA BLVD			NORWALK	CA 90650
c. Chief Financial Officer/ JEHAD	First Name	Middle Name	Last Name	Suffix
		MOHAMMED	AL QAZA	
Address			City (no abbreviations)	State Zip Code
10929 ALONDRA BLVD			NORWALK	CA 90650

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name JEHAD	Middle Name	Last Name	Suffix
	MOHAMMED	AL QAZA	
Address		City (no abbreviations)	State Zip Code
10929 ALONDRA BLVD		NORWALK	CA 90650
b. Number of Vacancies on the Board of Directors, if any	0		

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <u>not</u> a corporation) JEHAD	Middle Name	Last Name	Suffix
	MOHAMMED	AL QAZA	
b. Street Address (if agent is <u>not</u> a corporation) - Do not enter a P.O. Box 10929 ALONDRA BLVD	City (no abbreviations)	State	Zip Code
	NORWALK	CA	90650

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
CONVENIENCE STORE

8. The Information contained herein, including in any attachments, is true and correct.

03/18/2021

JEHAD MOHAMMED AL QAZA

CEO

Date

Type or Print Name of Person Completing the Form

Title

[Signature]
 Signature