UNIFORM BUSINESS REPORT/(UBR)

DOCUMENT # L02000010537 1. Entity Name

H & R CONVENIENCE, L.L.C.



FILED Sep 02, 2003 8:00 am Secretary of State 09-02-2003 90122 031 ****50.00

Principal Place of Business 412 S. PARRAMORE AVE. ORLANDO FL 32905		Mailing Address 412 S. PARRAMORE AVE. ORLANDO FL 32805							 -		
2. Principal Place of Business		3. Mailing Address				: [0]: 0 : 0 : 0 : 0 : 0 : 0 : 0 :					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Zip Coun			5. Certificate of Status Desired S5.00 Additional Fee Required					
•				7. Name ar	nd Address of	New Registe	red Ag	ent			
				Name							
412 S. I	HASSAN PARRAMORE AVE DO FL 32805			Street Address (P.O. Box Number is Not Acceptable)							
				City	·				FL	Zip Code)
the obligation	med entity submits this statement for sof registered agent.		~~~~.	20 44		d agent, or b	oth, in the State		l am fan	niliar with, a	and accept
9.	Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á Á	Make Check Payable Due By	to Flo	FEE IS \$5 orida Dep mber 24, 2	artmeni	t of State	ADDIT	IONS/CHAN	IGES		
	GRM: 37.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		TITLE	.			7.0011	101107011711		Change	Addition
	HAN, HASSAN	Delete	NAM				• •		L	Unallye	Addition
STREET ADDRESS 4	12 S. PARRAMORE AVE.		STRE	ET ADDRESS				•			
CITY-ST-ZIP O	RLANDO FL 32805		CITY	-ST-ZIP			<u> </u>	***			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second	☐ Delete				ego ess. He		ويوس المستنطقة		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cert	ify that the information supplied with	☐ Delete this filling does not qualify for	CITY	E ET ADDRESS -ST-ZIP motion state	ed in Sec	tiọn 119.07(3	i)(i), Florida Sta	tutes. I furthe		Change	Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing mel limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE