

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004085

1. Entity Name

321 SE CONVENIENCE CORP.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90134 001 ***600.00

Principal Place of Business 1701 S.W. 12TH AVE. BOCA RATON FL 33486	Mailing Address 1701 S.W. 12TH AVE. BOCA RATON FL 33486-6618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7284 W. Palmetto Park Road Suite, Apt. # Suite 101 South Boca Raton, FL 33433	3. Mailing Address 7284 W. Palmetto Park Road Suite, Apt. #, etc. Suite 101 South Boca Raton, FL 33433
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 65-0889261	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAZA, SYED M
1701 S.W. 12TH AVE.
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name **RAZA SYED M**
 Street Address (P.O. Box not acceptable) **7284 W. Palmetto Park Road**
Suite 101 South
Boca Raton, FL 33433
 City **FL** Zip Code

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 *Syed M Raza* (NOTE: Registered Agent signature required when reinstating) DATE 4/29/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD RAZA, ALI 1701 SW 12TH AVENUE BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAZA, SYED M 1701 SW 12TH AVENUE BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Syed M Raza* DATE 4/29/00 (561) 392-9450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)