

2001 UNIFORM BUSINESS REPORT (UBR)

001703 AF

DOCUMENT # L00000010662

1. Entity Name
CONVENIENCE XPRESS, LC

FILED

01 MAR 15 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
511 NE THIRD AVENUE, SECOND FLOOR
FT. LAUDERDALE FL 33301

Mailing Address
511 NE THIRD AVENUE, SECOND FLOOR
FT. LAUDERDALE FL 33301

2. Principal Place of Business
129 NW 25th Terr.
Suite, Apt. #, etc.

3. Mailing Address
129 NW 25th Terrace
Suite, Apt. #, etc.
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33311

Country
USA

Zip
33311

Country
U.S.A.

4. FEI Number
65-1037421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH N
511 NE THIRD AVENUE, SECOND FLOOR
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003888560-4
-03/20/01-01081-022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHULAMITH & REUBEN ROGATINSKY 5230 N. 31ST PLACE HOLLYWOOD FL 33021	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	129 NW 25 Terrace Ft. Lauderdale, FL 33311	<input checked="" 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

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

SIGNATURE: _____ SIGNATURE REQUIRED

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

3/12/01 (954) 979-5500

Date Daytime Phone #

CR2E083 (11/00)