

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001843

FILED

1. Entity Name

7 DAYS FOOD STORE OF SEMINOLE, L.C.

00 JAN 18 AM 9:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**8532 SEMINOLE BOULEVARD
SEMINOLE FL 33777**

Mailing Address
**8532 SEMINOLE BOULEVARD
SEMINOLE FL 33772-4330**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536420

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKINNEY, S. KEITH JR.
605 75TH AVENUE
ST. PETE BEACH FL 33706**

Name **T. J. CARRIGAN + CO INC**
Street Address (P.O. Box Number is Not Acceptable)
11282 W. HILLSBOROUGH AVE
City **TAMPA** FL Zip Code **33635**

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 *Thomas J. Carrigan*

THOMAS J. CARRIGAN

1-13-00
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM BHUIYAN, ABUL**
STREET ADDRESS **8532 SEMINOLE BOULEVARD**
CITY-ST-ZIP **SEMINOLE FL 33777**

Change Addition
100003112011-5
-01/26/00--01112--013
*******50.00 *****50.00**
 Change Addition

TITLE Delete
NAME **MGRM MAHMOOD, JALAL UDDIN**
STREET ADDRESS **8532 SEMINOLE BLVD.**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

800003112018-8-8
-01/26/00--01112--014
*******5.00 *****5.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Al Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *X* *J. SIGNATURE REQUIRED* **MAHMOOD**

1-13-00
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #