

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000057049

1. Entity Name

RNR, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91189 028 \*\*\*150.00

Principal Place of Business

Mailing Address

901 N. HERCULES AVE STE D  
CLEARWATER FL 33765901 N. HERCULES AVE STE D  
CLEARWATER FL 33765

2. Principal Place of Business

Chevron Food Mart

3. Mailing Address

Asif Lalani

Suite, Apt. #, etc.

5405 9th Street N

Suite, Apt. #, etc.

5405 9th Street N

City &amp; State

St. Petersburg

City &amp; State

St. Petersburg

4. FEI Number

59-3420876

Applied For

Not Applicable

Zip

33703

Country

Pinellas

Zip

33703

Country

Pinellas

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, GEORGE G ESQ  
901 N. HERCULES AVE STE D  
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Asif Lalani

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

5405 9th Street N

City

St. Petersburg

FL

Zip Code

33703

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

*Asif Lalani*

4/18/01

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	RAFIQ, AHMED	
STREET ADDRESS	220 MAIN ST	
CITY- ST- ZIP	BEACON NY 12508	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 727-522-1206

Date

Daytime Phone #

CR2E034 (10/00)