2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000128907 **DOCUMENT #**

1. Entity Name

ALL CONVENIENCE STORE, INC.



FILED Sep 02, 2003 8:00 am Secretary of State

04-02-2003 90104 022 ***150.00 09-02-2003 90174 013 ***550.00

				900 0				
Principal Place 412 S. PARAM ORLANDO FL	_	412 S	Mailing Address 412 S. PARAMORE ORLANDO FL 32805					
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2. Principal F	Place of Business	3. Mai	3. Mailing Address				Dist adibt (2050 1100) (0110 16)	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Stat	te.	City	City & State			FEI Number		Applied For
Zip	Country	Zip	Zip Country			37-145094 Certificate of Status Desired	\$8.75	Not Applicable Additional
6. Name and Address of Current			Podistreed Apret			Fee Required		
	or Current Hegistere	ed Agent	Name	7. Name and Address of New Registered Agent Name				
KHAN, HA			Street Address			(P.O. Box Number is Not Acceptable)		
412 S. PA					Sireet Address (1.0. Dox Normber is Not Acceptable)			
ORLANDO	FL 32805			Į				1
·	Ÿ.			City			FL Zip C	ode
	named entity submits this tions of registered agent.	statement for the purp	ose of changing its	registered office or	registered a	agent, or both, in the State of Fi	lorida. I am familiar wi	th, and accept
SIGNATURE	ಇನ್ಯಾಗ ರಾಜ್ಯುಮೂರ್,	l Santagar Fight I was been and T	د ويأسميد رسد	^ 3 * '% = -∈	*	e gyan ya sana a sana sa	the state of	}
Ordina (10)	Signature, typed or printed name of	registered agent and title if app	licable. (NOTE	: Registered Agent signat	ure required wher	n reinstating)	DATE	
After Se	ILE NOW!!! FEE IS \$ ptember 10, 2003 Fee v k Payable to Florida De	vill be \$750.00			-	9. Election Campaign Fi Trust Fund Contribution		.00 May Be
10.		ICERS AND DIRECTO	DS.	11.		ADDITIONS/CHANGES TO OF	EICEOS AND DIDECTO	OBS IN 11
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NAME	KHAN, HASSAN			NAME				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: