

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 040 ***550.00

DOCUMENT # P93000079967

1. Entity Name

ALL-IN-ONE CONVENIENCE, INC.

Principal Place of Business

910 S. PARRAMORE AVE
ORLANDO FL 32805

Mailing Address

910 S. PARRAMORE AVE
ORLANDO FL 32805

2. Principal Place of Business

916 S. Parramore

Suite, Apt. #, etc.

ORLANDO FL

3. Mailing Address

916 S. Parramore Inc

Suite, Apt. #, etc.

ORLANDO FL

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3211256

Applied For

Not Applicable

Zip 32805

Country Orange

Zip 32805

Country Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIVANI, SOHIL
2123 S. KIRKMAN RD. #178
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 S ☐ Delete
NAME JIVANI, SOHIL
STREET ADDRESS 2123 S. KIRKMAN RD #178
CITY-ST-ZIP ORLANDO FL 32811

TITLE President ☐ Delete
NAME Jivani, SOHIL
STREET ADDRESS 2123 S. KIRKMAN RD #178
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5th

Date

407-422-2022

407-252-5300

Daytime Phone #