

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004087

1. Entity Name

7120 SE CONVENIENCE CORP.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90134 001 ***600.00

Principal Place of Business

1701 S.W. 12TH AVE.
BOCA RATON FL 33486

Mailing Address

1701 S.W. 12TH AVE.
BOCA RATON FL 33486-6618

2. Principal Place of Business

7284 W. Palmetto Park Road

3. Mailing Address

7284 W. Palmetto Park Road

Suite, Apt. # Suite 101 South
Boca Raton, FL 33433

Suite, Apt. # Suite 101 South
Boca Raton, FL 33433

City & State

City & State

4. FEI Number

65-0889261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAZA, SYED M
1701 S.W. 12TH AVE.
BOCA RATON FL 33486

Name

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

7284 W. Palmetto Park Road

Suite 101 South

Boca Raton, FL 33433

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RAZA, ALI
1701 S.W. 12TH AVE.
BOCA RATON FL 33486 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RAZA, SYED M
1701 S.W. 12TH AVE,
BOCA RATON FL ☐ Delete

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

TITLE
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☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/99)