

2002  
2003


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 29 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004087  
1. Entity Name  
7120 SE CONVENIENCE CORP



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4951 N.W. , 23RD COURT  
Suite, Apt. #, etc.

3. Mailing Address  
4951 N.W. 23 RD COURT  
Suite, Apt. #, etc.

600020545536  
06/05/03--01071--011 \*\*300.00

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FLORIDA

4. FEI Number 65-0889261 Applied For Not Applicable

Zip 33431 Country U.S.A.

City & State BOCA RATON, FLORIDA

Zip 33431 Country USA

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RAZA, SYED, M.

Street Address (P.O. Box Number is Not Acceptable)  
4951 N.W. , 23RD COURT

City BOCA RATON FL Zip Code 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SYED M. RAZA DATE 05/23/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SYED M. RAZA 4951 NW, 23 CT, BOCA RATON, FL. 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Syed M Raza PRESIDENT Date 05/23/2003 Daytime Phone # 561 702 8674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

5/30

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000004087**

**1. Corporation Name**

7120 SE CONVENIENCE CORP

**2. Principal Office Address**

4951 N.W. 23RD COURT

Suite, Apt. #, etc.

**3. Mailing Office Address**

4951 N.W., 23RD COURT

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0889261

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SYED M. RAZA

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

4951 N.W., 23RD COURT

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 05/23/2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SYED M. RAZA	4951 NW, 23RD COURT	BOCA RATON, FL. 33431

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*Syed M Raza*

SYED M. RAZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/2003 561-702-8674

Date

Daytime Phone #

CR2E081 (10/02)

91 5/30

7120 SE CONVENIENCE CORP  
4951 N.W. 23<sup>RD</sup> COURT  
BOCA RATON, FL. 33431

May 23, 2003

To,  
Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: ~~P-99090004087~~  
7120 SE CONVENIENCE CORP

Dear Sir/Madam,

Enclosed please find a check in the amount of \$ 300.00 for

1. Corporation Reinstatement form
2. 2003 Uniform Business Report (UBR)

I did not get the original UBR form because my mailing address is changed and could not renew my corporation in 2002.

Kindly, please waive the penalty, as this was my first time. I sincerely apologize for any inconvenience caused to you.

Very Truly Yours,



Syed M. Raza