2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOCUMENT # P99000012118 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** ALAVI-GARCIA ENTERPRISES, INC. 01-28-2000 90204 012 ***150.00 Principal Place of Business Mailing Address 5490 S ORANGE BLOSSOM TRAIL ORLANDO FL 2839-2706 5490 S ORANGE BLOSSOM TRAIL Orlando (PL 32839) 2. Principal Place of Business P.O.B OX 533734 601 Weldon Blvd # 141 , Suite, Aot. #, etc. DO NOT, WRITE IN-THIS SPACE City & State Lake Mary FL Applied For City & State orlando, FL 4. FEI Number 59-3586604 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3*2853* Orange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Siamack ALAVi SIVERSON, SCOTT E Street Address (P.O. Box Number is Not Acceptable) 7485 CONRÓY-WINDERMERE RD, SUITE D ORLANDO FL 32835 601 Weldo BIVD Lake Mary Fl 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. Sia-mack ALAVI FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ~ PTD ☐ Addition PTO Change ☐ Delete TITLE ALAVI Siamack ALAVI, SIAMACK NAME Got Weldon Blvd # 141 5490 S ORANGE BLOSSOM TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 Lake Mary FL VSD 🄼 Change ☐ Delete ☐ Addition GARCIA, FRANCISCO Garcia, Francisco 30 " GOI WEHON BIVE + 14 5490 S ORANGE BLOSSOM TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Siamark ALAN 01-06-00 407-302-5929