

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000048022

1. Entity Name

ALYCIA ENTERPRISES INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-26-2000 90156 006 ***150.00

Principal Place of Business

2524 E. BUSCH BOULEVARD
TAMPA FL 33612

Mailing Address

2524 E. BUSCH BOULEVARD
TAMPA FL 33612-0412

7401 E. BROADWAY AVE
Tampa FL 33619-2529
7401 E. BROADWAY AVE
Tampa FL 33619-2529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7401 E. Broadway Ave

3. Mailing Address

7401 E. Broadway Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa

4. FEI Number

59-3576565

Applied For

Not Applicable

Zip

33619

Country

Hills com

Zip

FL 33619

Country

Hills com

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

ALI, PERVAIZ R
2524 E. BUSCH BOULEVARD
TAMPA FL 33612

7401 E. BROADWAY AVE
TAMPA, FL 33619-2529

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]

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

TITLE	PD	NAME	NAUSHAD REHMATULLAH	<input type="checkbox"/> Delete
STREET ADDRESS			7401 E. BROADWAY	
CITY-ST-ZIP			TAMPA FL 33619	
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 the empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

622-8875

Daytime Phone #

CR2E034 (9/99)