2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001775 L98000001775

FILED
01 JUN -5 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

ALPITEX LIMITED COMPANY

Principal Place of Business	Mailing Address
7869 SONOMA SPRING CIRCLE, #104 LAKE WORTH, FL 33463	

9/29/00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0862395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD BOCA RATON, FL 33433	Name: WARNER & ASSOCIATES, CPA, PA Street Address (P.O. Box Number is Not Acceptable): 1897 Palm Beach Lakes, Blvd., Suite 226 City: West Palm Beach, FL Zip Code: 33409

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete ALI ERHAN GURUS 7129 LAKE ISLAND DR LAKE WORTH, FL 33467	MGR ALI ERHAN GURUS 7864 SONOMA SPRING CIRCLE, #104 LAKE WORTH, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete OZLEM GURUS 7129 LAKE ISLAND DR LAKE WORTH, FL 33467	500004433375--0 -06/21/01--01004--010 *****200.00 *****200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	STATEMENT 2000-2001	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	BK	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #