

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90374 017 ***158.75

DOCUMENT # P01000008050

1. Entity Name

ALICO FASHIONS & GIFTS, INC.

Principal Place of Business

**TERRACE PLAZA, 8935 56TH ST.
 TEMPLE TERRACE FL 33617**

Mailing Address

**TERRACE PLAZA, 8935 56TH ST.
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business

Terrace Plaza 8935 56th st.
 Suite, Apt. #, etc.

3. Mailing Address

Terrace Plaza 8935 56th st.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

4. FEI Number

59-3692502

Applied For

Not Applicable

Zip

33617

Country

Hillsborough

Zip

33617

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FAOURI, ALI I
 TERRACE PLAZA, 8935 56TH ST.
 TEMPLE TERRACE FL 33617**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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 **D** ☐ Delete
 NAME **FAOURI, ALI I**
 STREET ADDRESS **TERRACE PLAZA, 8935 56TH ST.**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** ☐ Delete
 NAME **FAOURI, MUNA T**
 STREET ADDRESS **TERRACE PLAZA, 8935 56TH ST.**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

Ali I Faouri

ALI I Faouri

4-8-02

(813)984-7166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)