

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90153 035 ***150.00

NSA507 AV

DOCUMENT # P01000013962

1. Entity Name
ALI EFE, INC.

Principal Place of Business
**2350 CYPRESS POND, UNIT 1621
 PALM HARBOR FL 34684**

Mailing Address
**2350 CYPRESS POND, UNIT 1621
 PALM HARBOR FL 34684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2475 McMULLEN BOOTH RD.

3. Mailing Address
2475 McMULLEN BOOTH RD.

Suite, Apt. #, etc.
UNIT D

Suite, Apt. #, etc.
UNIT D

City & State
SAFETY HARBOR, FL

City & State
SAFETY HARBOR

4. FEI Number
29-3697011

Applied For
 Not Applicable

Zip
33759

Country
USA

Zip
33759

Country
USA

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

~~SPiegel & UTRERA, P.A.~~
~~340 ALMERIA AVENUE~~
~~06061 GABLES FL 33134~~

Name
ALI SARICAN
 Street Address (P.O. Box Number is Not Acceptable)
36750 US HWY 19 N # 2393
 City
PALM HARBOR FL Zip Code
34684-1239

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]* DATE: **02/09/02**
 (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD
 NAME
SARICAN, ALI
 STREET ADDRESS
2350 CYPRESS POND, UNIT 1621
 CITY-ST-ZIP
PALM HARBOR FL 34684

TITLE
 NAME
36750 US HWY 19 N # 2393
 STREET ADDRESS
PALM HARBOR, FL 34684-1239
 CITY-ST-ZIP

TITLE
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 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/02

Date

Daytime Phone #

CR2E034 (9/01)