

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0546286 AV

**DOCUMENT # P01000082648**

1. Entity Name  
**FARISHTA ALI, INC.**

02-05-2002 90078 001 \*\*\*150.00

Principal Place of Business  
**31790 U.S. HWY 19 NORTH**  
**TWIN LAKE APARTMENTS. # 97**  
**PALM HARBOR FL 34684**

Mailing Address  
**31790 U.S. HWY 19 NORTH**  
**TWIN LAKE APARTMENTS. # 97**  
**PALM HARBOR FL 34684**



2. Principal Place of Business

3. Mailing Address

**1615 58th St. S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Gulfport FL**

Zip

Country

Zip

Country

**33707**

4. FEI Number **59-3743584**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARISHTA, AHMED A**  
**31790 U.S. HWY 19 NORTH**  
**TWIN LAKE APARTMENTS, # 97**  
**PALM HARBOR FL 34684**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **FARISHTA, AHMED A**  
 STREET ADDRESS **31790 U.S. HWY 19 NORTH, APT. # 97**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE ☐ Delete  
 NAME **ALI, NADIR**  
 STREET ADDRESS **1827 WINWOOD DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE ☐ Delete  
 NAME **SOMANI, VIDHYA J**  
 STREET ADDRESS **31790 U.S. HWY 19 NORTH, APT. # 97**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**1/16/02**

**(727) 381-4114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2F034 (9/01)