## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am g Secretary of State **DOCUMENT #** P01000097597 1. Entity Name 05-13-2002 90054 017 \*\*\*150.00 ALIYA WHOLESALE INC. Principal Place of Business Mailing Address 12202 WINDRIVER LN APT 5 12202 WINDRIVER LN APT 5 HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address 22043 US HWY 19N 22043 US HWY 19N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CLEAR WATER 59-3748826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame LAKHANI, AZIZ A Street Address (P.O. Box Number is Not Acceptable) 12202 WINDRIVER LN APT 5 HUDSON FL 34667 CILEAR WATER 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME lakhani, aziz NAME STREET ADDRESS 12202 WINDRIVER LN APT 5 STREET ADDRESS CITY-ST-7IP HUDSON FL 34667 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

FILED