

PROFIT CORPORATION ANNUAL REPORT
2000 UNIFORM BUSINESS REPORT (UBR)

8541

FILED

May 04, 2000 8:00 am
Secretary of State

04-12-2000 90039 020 ***150.00

DOCUMENT # P94000079475

1. Entity Name

ALSONIC INVESTMENTS, INC.

Principal Place of Business

Mailing Address

16032 E. AINTREE DRIVE
LOXAHATCHEE, FL. 33470

16032 E. AINTREE DRIVE
LOXAHATCHEE, FL. 33470

2. Principal Place of Business

3. Mailing Address

1408 LUCERNE AVE

P.O. BOX 1089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL. 33460

4. FEI Number

65-0534299

Applied For

Not Applicable

Zip

33460

Country

PALM BEACH

Zip

33460

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALI, MOHAMED
16032 E. AINTREE DRIVE
LOXAHATCHEE, FL. 33470.

7. Name and Address of New Registered Agent

Name
ALI, MOHAMED
Street Address (P.O. Box Number is Not Acceptable)
~~P.O. BOX 1089~~
1408 LUCERNE AVE.
City LAKE WORTH FL Zip Code 33460

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 MOHAMED ALI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/00
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, 2000 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 PTD ☐ Delete
NAME ALI, MOHAMED
STREET ADDRESS 16032 E. AINTREE DR.
CITY-ST-ZIP LOXAHATCHEE, FL. 33470

TITLE PTD ☒ Change ☐ Addition
NAME ALI, MOHAMED
STREET ADDRESS 1408 LUCERNE AVE
CITY-ST-ZIP LAKE WORTH, FL. 33460

TITLE SVD ☐ Delete
NAME ALI, SARA V
STREET ADDRESS 16032 E. AINTREE DR
CITY-ST-ZIP LOXAHATCHEE, FL. 33470

TITLE SVD ☒ Change ☐ Addition
NAME ALI, SARA V
STREET ADDRESS 1408 LUCERNE AVE
CITY-ST-ZIP LAKE WORTH, FL. 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: MOHAMED ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00
Date

561-547-7668
Daytime Phone #

CR2E034 (9/99)