

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046381

1. Entity Name

ALICIA M. FERRI, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90040 003 \*\*\*150.00

Principal Place of Business

Mailing Address

10721 ST. ANDREWS ROAD  
BOYNTON BEACH FL 33436  
US

10721 ST. ANDREWS ROAD  
BOYNTON BEACH FL 33436  
US

701849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4830 Pine Tree Dr.  
Suite, Apt. #, etc.

4830 Pine Tree Dr.  
Suite, Apt. #, etc.

Boynton Bch, FL.  
City & State

Boynton Bch, FL.  
City & State

4. FEI Number 65-0593129

Applied For  
Not Applicable

Zip 33436

Country USA

Zip 33436

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

FERRI, ALICIA M.  
10721 ST. ANDREWS ROAD  
BOYNTON BEACH FL 33436

Name

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

4830 Pine Tree Dr.

City

Boynton Bch

FL

Zip Code

33436

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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, 2001 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 ~~PYST~~ ☐ Delete  
NAME FERRI, ALICIA M  
STREET ADDRESS 10721 ST. ANDREWS ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ~~PYST~~ ☒ Change ☐ Addition  
NAME FERRI ALICIA M.  
STREET ADDRESS 4830 Pine Tree Dr.  
CITY-ST-ZIP Boynton Bch, FL. 33436

TITLE ~~D~~ ☒ Delete  
NAME FERRI, ALICIA M  
STREET ADDRESS 10721 ST. ANDREWS ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01 (561) 702-0946

CR2E034 (10/00)