

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90024 033 ***150.00

DOCUMENT # P96000050140

1. Entity Name
LISTY, INC.

Principal Place of Business
3429 HIATUS ROAD
SUNRISE FL 33351

Mailing Address
3429 HIATUS ROAD
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0680910**

Applied For
 Not Applicable

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
AHMED, LISTIA N
3429 HIATUS ROAD
SUNRISE FL 33351 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Ahmed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

A & K BOOKKEEPING & TAX CONSULTANTS

*Syed H. Sharfi, M.B.A., B.B.A.
Accounting & Tax, Fla Atlantic University
Asif S. Sharfi, CPA
Office & fax (561) 640-4010
Residence (561) 697-3086*

Attachment
DOC#
P9600005014

413368

January'4rth 2002

Secretary of State
Tallahassee, FL

Dear Sir or Madam:

Please find enclosed Applicaion of Reinstament of Saki Enterprises Inc.

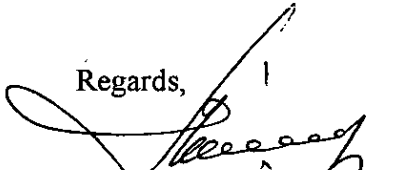
We had changed our address and had notified the Post Office , but something gone wrong and we could not get the UBR in original. Your good office can also see our old address which should be changed, please.

We are extremely thankful for you sympathetic consideration in this matter.

Please process these requests and send the Certificates of Amendment to the office of the undersigned.

Thank you.

Regards,


Syed Sharfi
Ak Bookkeeping & Tax Consultant.
7210 Pioneer Lakes Cir.
W.P.B., Fla 33413