

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048022

1. Entity Name

ALYCIA ENTERPRISES INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-26-2000 90156 006 ***150.00

Principal Place of Business

2524 E. BUSCH BOULEVARD
 TAMPA FL 33612

Mailing Address

2524 E. BUSCH BOULEVARD
 TAMPA FL 33612-0412

7401 E. BROADWAY AVE Tampa FL-33619-2529
 7401 E. BROADWAY 1 Tampa FL-33619-2529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7401 E Broadway Ave

Suite, Apt. #, etc.

3. Mailing Address

7401 E. Broad Way Ave

Suite, Apt. #, etc.

4. FEI Number

59-3576565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALI PERVAIZ R
 2524 E. BUSCH BOULEVARD
 TAMPA FL 33612

7401 E. BROADWAY AVENUE
 TAMPA, FL-33619-2529

7. Name and Address of New Registered Agent

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 *Ali Pervaiz R*

Signature, hand 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, 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

TITLE	PD NAUSHAD REHMATULLAH <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	7401 E. BROADWAY
CITY-ST-ZIP	TAMPA FL 33619
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: *Ali Pervaiz R*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

622-8875

Date

Daytime Phone #

CR2E034 (9/99)