

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -3 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048022

1. Entity Name

ALYCIA ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7401 E BROADWAY

Suite, Apt. #, etc.

3. Mailing Address

8104 STONE FIELD WAY

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33635

Country

City & State

TAMPA, FL 33635

Zip

33635

Country

REINSTATEMENT 03

4. FEI Number

59-3576565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALI, PERVAIZ R

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

8104 STONE FIELD WAY

City

TAMPA

FL

Zip Code

33635

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-29-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ALI, PERVAIZ R
8104 STONE FIELD WAY
TAMPA, FL 33635**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700024389207
11/03/03--01102--020 **150.00**

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-03

CR2E034B (12/02)

ALYCIA ENTERPRISES INC
8104 STONE FIELD WAY
TAMPA, FL 33635

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

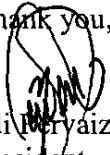
DOC # P99000048022
UBR 2003

We enclose the form UBR for the year 2003 with a check of \$150.00. We have not
~~received original form from the department of State.~~

We changed our mailing address to the above new address. We believe the form
mailed by you to our old address was lost in transit or in mail. Now we realized that we
have not received your form so it did not come to our knowledge. You can see from our
file that we always file and pay in-time.

We request you to excuse us this time and not to charge any penalty as we have not done
any mistake intentionally.

Thank you, we appreciate your cooperation.


Ali Mervaz R
President
October 29, 2003