

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90096 027 ***150.00

DOCUMENT # P99000089766

1. Entity Name

ALCEE INDUSTRIES INC.

Principal Place of Business

Mailing Address

REGD. OFF.
REGENCY SQUARE
500 E. SEMORAN BLVD
STE: 25 CAUSEWAY FL 32707

5518 METRO WEST BLVD.
STE: 102
ORLANDO, FL 32811

634974



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

REGENCY SQUARE
Suite, Apt. #, etc.
500 E. SEMORAN BLVD. STE 25

3. Mailing Address

5518 METRO WEST BLVD.
Suite, Apt. #, etc.
SUITE 102

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3603116

Applied For

Not Applicable

Zip

32707

Country

US

Zip

32811

Country

US

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

ASHWIN A. MEHTA
5518 METRO WEST BLVD. STE: 102
ORLANDO FL 32811

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MEHTA, ASHWIN A
5518 METRO WEST BLVD. STE 102
ORLANDO FL 32811

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR. J. A. MEHTA
5518 METRO WEST BLVD. STE: 102
ORLANDO FL 32811

☐ Delete

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-00

Date

4074684572

Daytime Phone #

CR2E034 (9/99)