

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089766

1. Entity Name

ALCEE INDUSTRIES, INC.

Principal Place of Business

LEGACY SQUARE
500 E. SEMOLAN BLVD STE 25
CASSELBERRY FL 32707

Mailing Address

5518 METRO WEST BLVD
SUITE 102
ORLANDO FL 32811

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90067 045 ***150.00

U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

REGENCY SQUARE
500 E. SEMOLAN BLVD.

3. Mailing Address

6480, METRO WEST BLVD.
SUITE: 902

Suite, Apt. #, etc.

STE: 25

Suite, Apt. #, etc.

CASSELBERRY, FL

ORLANDO, FL

City & State

Zip 32707

City & State

ORLANDO, FL

Country USA

Zip 32835

Country USA

4. FEI Number 59-3603116

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

MEHTA, ASHWIN A
5518-102 METRO WEST BLVD.
ORLANDO FL 32811

Name ASHWIN A MEHTA

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

6480, METRO WEST BLVD. SUITE: 902,
City ORLANDO, FL Zip Code 32835

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-15-01

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

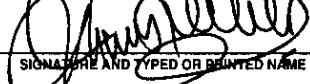
12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MEHTA, ASHWIN A 551 METRO WEST BLVD STE 102 ORLANDO FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASHWIN A MEHTA 6480, Metro West Blvd. Suite 902 ORLANDO, FL, 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEHTA, J A 5518 METRO WEST BLVD STE 102 ORLANDO FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. A. MEHTA 6480, Metro West Blvd. Ste: 902, ORLANDO, FL, 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

01-15-01

407-468-4523

Date

Daytime Phone #

CR2E034 (10/00)