

2000 UNIFORM BUSINESS REPORT (UBR)

8/3

FILED
Aug 22, 2000 8:00 am
Secretary of State

03-16-2000 90094 047 ***150.00
 08-03-2000 90035 008 ***550.00

DOCUMENT # P99000093121

1. Entity Name.

ALIA BROS. INTERNATIONAL OF FLORIDA, INC.

Principal Place of Business

GLORIA JEAN'S COFFEE SHOP, VOLUSIA MALL
 K72-1700 W INTERNATIONAL SPEEDWAY
 DAYTONA BEACH FL 32114

Mailing Address

GLORIA JEAN'S COFFEE SHOP, VOLUSIA MALL
 K72-1700 W INTERNATIONAL SPEEDWAY
 DAYTONA BEACH FL 32114

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

593603385

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

ALIA, NEMER
 GLORIA JEAN'S COFFEE SHOP, VOLUSIA MALL
 K72-1700 W INTERNATIONAL SPEEDWAY
 DAYTONA BEACH FL 32114

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME PRES
 STREET ADDRESS NEMER ALIA
 CITY-ST-ZIP 12411 HADLEY ROAD
 LOCKPORT, IL 60441

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *(Signature)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/00
 Date

(708) 927-1199
 Daytime Phone #

CR2E034 (5/00)