

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08881

1. Entity Name

CALI INDUSTRIES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90135 019 ***150.00

Principal Place of Business

5751 26TH AVE., SW
NAPLES FL 33999

Mailing Address

5751 26TH AVE., SW
NAPLES FL 34116-6713

2. Principal Place of Business

5751 Copper Leaf LN
Suite, Apt. #, etc.

3. Mailing Address

5751 Copper Leaf LN
Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34116

Country

USA

City & State

Naples, Florida

Zip

34116

Country

USA

4. FEI Number

65-0226361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALI, CARMEN S.
5751 26TH AVE., SW
NAPLES FL 33999

7. Name and Address of New Registered Agent

Name

Carmen S. Cali

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

5751 Copper Leaf LN

City

Naples

FL

Zip Code

34116

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

Carmen S. Cali

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

(NOTE: Registered Agent signature required when reinstating)

3/29/00

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	D	<input type="checkbox"/> Delete
NAME	CALI, CARMEN S.	
STREET ADDRESS	5751 26TH AVE., SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALI, MARYELLEN	
STREET ADDRESS	5751 26TH AVE., SW	
CITY-ST-ZIP	NAPLES FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen S. Cali	
STREET ADDRESS	5751 Copper leaf LN	
CITY-ST-ZIP	Naples, FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maryellen Cali	
STREET ADDRESS	5751 Copper Leaf LN	
CITY-ST-ZIP	Naples, Fla. 34116	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/99)