

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91113 014 ***150.00

DOCUMENT # P99000089118

1. Entity Name

FUCARILE INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5640 PACIFIC BLVD

Suite, Apt. #, etc.

1013

City & State

BOCA RATON

Zip

33433

Country

3. Mailing Address

P.O. BOX 5032

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

Zip

33442

Country

4. FFI Number

65-0954850

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FUCARILE THOMAS

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

1429 E COMMERCIAL BLVD

City

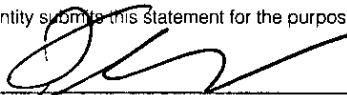
FORT LAUDERDALE FL

Zip Code

33334

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

 4-11-02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PVST
NAME FUCARILE THOMAS
STREET ADDRESS 1429 E Commercial Blvd
CITY-ST-ZIP FT Lauderdale FL 33334

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 4-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)