2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2000 8:00 an DOCUMENT # P95000063936 1. Entity Name **Secretary of State** URICA ENTERPRISES, INC. 02-08-2000 90170 010 ***158.75 Principal Place of Business Mailing Address 8357 WEST FLAGLER STREET 8357 WEST FLAGLER STREET **SUITE #319 SUITE #319** MIAMI FL 33144-2072 **MIAMI FL 33144** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number NOT APPLICABLE Not ∸···· Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANKEY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 8357 W. FLAGLER STREET **SUITE #319** MIAMI FL 33144 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to F-(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE PANKEY, RICHARD A NAME NAME 8357 W. FLAGLER ST. #319 STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP CITY-ST-ZIP ŸSD Delete Change TITLE TITLE CURBELO, CARMEN NAME NAME 8357 W. FLAGLER ST. #319 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami fl CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box . ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 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 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 changed, or on an attachment with an address, with all other like empowered. E OF SIGNING OFFICER OF DIRECTOR Daytime Phone