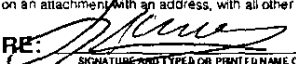


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002069			
1. Entity Name NICOCARDS, INC.			
Principal Place of Business 2600 SW 3RD AVENUE, STE. 705 MIAMI, FL 33129 US		Mailing Address 2600 SW 3RD AVENUE, STE. 705 MIAMI, FL 33129 US	
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 65-1007589		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, ADAM T ESQ 2601 SOUTH BAYSHORE DRIVE STE. 1600 MIAMI, FL 33129		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting) DATE _____			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
OPAS CHAMAS, BORIS 2600 SW 3RD AVENUE MIAMI, FL 33129		Director Gloria Lucia Baena 2600 SW 3rd Avenue Miami, FL.33129	
S LUCIA BAENA, GLORIA 2600 SW 3RD AVENUE MIAMI, FL 33129		Secretary Claudia de Oliveira 2600 SW 3rd Ave. Miami, FL.33129	
T TORRES, HERNAN 2600 SW 3RD AVENUE MIAMI, FL 33129		☐ Change ☒ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Boris Chamas 3/1/03 305-285-7040	

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04/24/03--01056--022 **150.00

☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)