2002 UNIFORM BUSINESS REPORT (UBR)

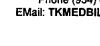
May 03, 2002 8:00 am Secretary of State DOCUMENT # K84331 1. Entity Name 05-03-2002 90024 035 ***150.00 LICARI ENTERPRISES, INC. Principal Place of Business Mailing Address 3590 S SR 7 #7 2161 NW 89 TERRACE MIRAMAR FL 33023 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0117074 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LICARI, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) **2161 NW 89 TERRACE** PEMBROKE PINES FL 33024 City Zip Code FL 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 emplicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE President TITLE ☐ Addition LICARI, ANTHONY M. NAME Kelly Licard NAME STREET ADDRESS 2161 NW 89 TERR 2161 N.W. 89 TEAR STREET ADDRESS Pembroke Pines, Fl. 33024 CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Licari Enterprises Inc.
3590 South St. Rd. 7 Suite #7

Miramar, FL. 33023 Phone (954) 436-7935 EMail: TKMEDBILL2@aol.com





Friday, March 29,2002

MINUTES TO CORPORATE MEETING

HELD AT CORPORATE OFFICE LOCATED AT 3590 S. STATE RD. 7 SUITE #7 MIRAMAR, FL. 33023

ANTHONY M. LICARI RESIGNS AS PRESIDENT, AND KELLY M.LICARI IS APPOINTED PRESIDENT. NO OTHER BUSINESS DISCUSSED.

KELLY M LICARI-PRESIDENT

anthon Mr. Luin.