## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01436

1. Entity Name

**SIGNATURE:** 

ZICCARDI ENTERPRISES, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90826 018 \*\*\*150.00

							- 1					
Principal Place of Business 12611 COUNTRYSIDE TERR COOPER CITY FL 33330 US			12611	Mailing Address 12611 COUNTRYSIDE TERR COOPER CITY FL 33330 US								
2. Principal	Place of Busin	ness	3. Ma	3. Mailing Address								
Suite, Api	t. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	& State		7	4. FE! Number 65-0134370			pplied For ot Applicable		
Zip	· · · · · · · · · · · · · · · · · · ·				ntry		5. Certificate of Status Desired See Requi			ditional		
	6. Name	and Address of Currer	t Registere	ed Agent			7	7. Name and Address of New R	egistered Ac	ent		
						Name						
ZICCARDI	I, SILVIA					<u></u>	7					
12611 COUNTRYSIDE TERR				Street Addres			ss (P.C	(P.O. Box Number is Not Acceptable)				
COOPER CITY FL 33330							·*					
						City		<del></del> #	FL	Zip Coo	le	
8. The above the obliga	e named entity tions of registe	submits this statement ered agent.	for the purp	ose of changing its	registere	l ed office or regis	stered	agent, or both, in the State of Flo		niliar with,	and accept	
SIGNATURE		or printed name of registered ager			_							
	Signature, typed	or printed name of registered ager	t and title if app	licable. (NOTE:	Registere	d Agent signature requ	uired whe	en reinstating)	DATE		<del></del>	
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department (						9. Election Campaign Fin Trust Fund Contribution			0 May Be to Fees	
10.	OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFI	CERS AND D	IBECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZICCARDI, 12611 COU	silvia Intryside Terr. Ity fl 33330		□ Delete		- 1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Γ	] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE	T ADDRESS				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY-S	I				Change	Addition	
of the corr	poration or the	information supplied with or supplemental report is receiver or trustee empo hment with an address,	nwered to a	vacuta this report as	ne exem signatu require	nption stated in S are shall have the ed by Chapter 60	Section e same 07, Flo	n 119.07(3)(i), Florida Statutes. I f e legal effect as if made under oa vrida Statutes; and that my name	urther certify ith; that I am a appears in Bl	that the in an officer o ock 10 or	formation or director Block 11 if	