2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

in address, with all other like empowered

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2001 8:00 am Secretary of State **DOCUMENT # L43060** 05-16-2001 90331 001 ***150.00 LICARLO CORPORATION 05-16-2001 90331 002 *****8.75 Principal Place of Business Mailing Address 2740 E. OAKLAND BLVD. 2740 E. OAKLAND BLVD. 72425 204 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0169147 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7-Name and Address of New Registered Agent - -- 6. Name and Address of Current Registered Agent Name WEINER, EUGENE Street Address (P.O. Box Number is Not Acceptable) 2740 E. OAKLAND BLVD #204 FT LAUDERDALE FL 33306 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE EINER, EUGENE NAME NAME STREET ADDRESS 2841 N OCEAN BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete ROSTANT, MABLE NAME STREET ADDRESS 2841 N OCEAN BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE VEMEYER, PENNY L NAME NAME 190 SW 77 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 information indicated on this report or suppliemental 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

CR2E034 (10/00)