

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

06-08-2004 90001 038 \*\*\*150.00

DOCUMENT # *P00000063340*

1. Entity Name

*M.A. Ricci Enterprises Inc*



**DO NOT WRITE IN THIS SPACE**

**44046163**

2. Principal Place of Business

*Home Office*

3. Mailing Address

*1310 NW 43 Ave*

Suite, Apt. #, etc.

*304*

Suite, Apt. #, etc.

*104*

City & State

*LORD HILL FL*

City & State

*LAUDERHILL FL*

Zip

*33313*

Country

*USA*

Zip

*33313*

Country

*USA*

4. FEI Number

*65-1015251*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*BRIAN LYNN C.P.A. P.A.*

Street Address (P.O. Box Number is Not Acceptable)

*250 UNIVERSITY DR*

City

*PLANTATION*

FL

Zip Code

*33324*

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

*BRIAN LYNN C.P.A. P.A.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*MARY A. RICCI  
PRESIDENT  
1310 NW 43 AVE #104  
LAUDERHILL FL 33313*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary A. Ricci President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

P00000063340  
# 44046163

I did not receive a copy of  
the regular form to fill  
out. I called your office  
they told me to write this  
note & they would mail  
me a form.

Thank you

Mary A. Rice  
M.A. Rice Enterprises

5/31/14

Florida Dept of State

Filing 2004 AR

Upon receiving your Past  
Card, as I don't have a  
Computer, I mailed the  
Ballots Past Back. I am  
now filing my Corporate  
Taxes & realized this  
tax was not Paid because