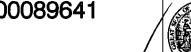
1400838 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000089641

1. Entity Name ZICARO SERVICES, INC.





FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90139 045 ***150.00

Principal Place of Business 303 NW 1 AVENUE BOCA RATON FL 33432		Mailing Address 303 NW 1 AVENUE BOCA RATON FL 33432	1				
		•					
2. Principal Place of Business 3. Mailing Address 360 N.W. Commerce, R. 360 N.W. Communication of the Communicatio				7		#	
Suite, Apt. #, etc. Suite, Apt. #, etc.				-71	CHECK HERE IF MAKING	CHANGES	
Point on Beach City & State Bounton Beach			ach FL		4. FEI Number 65-1050373	——	oplied For ot Applicable
Zip	Country	Zip 343 (-	Country		5. Certificate of Status Desired	8.75 Add	ditional
<u> </u>	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered A		
Name							
LABELLE, PAULA M 303 NW 1 AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
BOCA RA	TON FL 33432						
					FL	Zip Code	9
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							
	FILE NOW!!! FEE IS \$150.00						
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	State			9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	3 IN 11
TITLE	DP	☐ Delete	TITLE			☐ Change	Addition
NAME	LABELLE, PAULA M		NAME				
STREET ADDRESS CITY-ST-ZIP	4880 OXFORD WAY BOCA RATON FL 33434		STREET ADDRESS CITY-ST-ZIP				ĺ
TITLE	DST	Delete	TITLE		****	☐ Change	Addition
NAME	MUNDY, LISA D	Doloto	NAME		'	Onlange	
STREET ADDRESS CITY-ST-ZIP	900 VIA LUGANA CIRCLE UNIT 300 BOYNTON BEACH FL 33426	B	STREET ADDRESS CITY-ST-ZIP		S	راجم يسي محاد	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		1	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HZE034 (10/02)