

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90167 006 ***163.75

DOCUMENT # P01000028488

1. Entity Name

GELICACIES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6299 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 216

City & State

Sunrise, Florida

Zip

33313

Country

U.S.A.

3. Mailing Address

PO BOX 120155

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1105746

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Georgy Roc

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

2711 N. Andrews Avenue

City

Wilton Manors

FL

Zip Code

33311

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

GEORGY ROC

4/26/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S
JENNIFER DUVAL
1141 IRONWOOD AVENUE
FORT LAUDERDALE, FL 33312

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JENNIFER DUVAL

4/26/02

(954) 587-5713

Date

Daytime Phone #

CR2E034B (12/01)