

4/11/0

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90100 001 \*\*\*150.00

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

DOCUMENT # 701000006324  
1. Entity Name  
Alicia Phillips Business Services Inc.

2887500

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4577 NW 41st  
3. Mailing Address  
4577 NW 41st

City & State  
Lauderdale Lakes, FL  
City & State  
Lauderdale Lakes, FL

Zip  
33319  
Country  
City & State  
Lauderdale Lakes, FL  
Zip  
33319  
Country

4. FEI Number  
105-1087486  
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Law Accounting & Business Services Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
8428 W Oakland Park Blvd,  
Sunrise, Florida 33351  
City  
Sunrise FL Zip Code  
33351

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 Duth Liverpool DATE 4/4/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
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	<u>Alicia Phillips - President</u> <u>4577 NW 41st Place</u> <u>Lauderdale Lakes, FL, 33319</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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: A Phillips DATE 4/4/02 DAYTIME PHONE # (954) 746-5011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)