## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED** Apr 28, 2003 8:00 am Secretary of State

| DOCUME         | NT#PO | 1000 100 | 661  |
|----------------|-------|----------|------|
| 1. Entity Name | ENter | Prises   | ,INC |

| DOCUMENT # PO1000100661<br>1. Entity Name<br>Rico Enterprises, Inc. |  |  |  |  | 04-28-2003 90996 041 ***150.00  |  |  |
|---|--|--|--|--|---|--|--|
| DO NOT WRITE IN THIS SPACE  |  |  |  |  |   |  |  |
| 2. Principal P<br>3 4 A<br>Suite, Apt.                              | <del>K</del>   | 3. Mailing Address 3 4 WW - Suite, Apt. #, etc.          | 34 NW - 11 > reet  |  | DO NOT WRITE IN THIS SPACE  |  |  |
| City & State  |  | City & State   | FLORIDA  | 4. 1   | El Number 8 4 4 9 74  | Applied For<br>Not Applicable  |  |
| .33   | 136 Country USA  | Zin 33136  | Country<br>USA   |  | Certificate of Status Desired   | \$8.75 Additional Fee Required   |  |
| -   | eres of a late   |  | Name i   | 7. Na  | me and Address of Current Registered  | d Agent  |  |
| DO NOT WRITE  Street Address (1)  IN THIS SPACE                     |  |  | <u> </u>   | PO. BOX Number is Not Acceptable) Sw. 37 th arenve |   |  |  |
|   |  |  | City   | <u>, M. (</u>                                      | FloriDA FL  | Zip Code   |  |
|   |  | the purpose of changing its                              | registered office or reg   | gistered ag  | ent, or both, in the State of Florida. I am f   | familiar with, and accept  |  |
| the obligat   | ions of registered agent.  |  |  |  |   |  |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent as  | nd title if applicable. (NOTE                            | : Registered Agent signature re                                      | equired when re                                    | oinstating) DATE  |  |  |
|   | nuary 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Payable to Florida Department of  | State  |  |  | Election Campaign Financing     Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees   |  |
| 10.   | OFFICERS AND C   |  |  |  |   |  |  |
| NAME RICARD Blanca  |  | TITLE<br>NAME  |  |  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                       | 34NW- 11STRE   | e+<br>DA 33136   | STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |  |
| TITLE   | MIAMI FIORI  | OH 33102   | TITLE  |  |   |  |  |
| NAME<br>STREET ADDRESS  |  |  | NAME<br>STREET ADDRESS   |  |   | · }  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP  |  |   | <u>.</u>   |  |
| TITLE<br>NAME   |  |  | TITLE<br>NAME  |  |   |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS   |  | DO NOT WO   | TE   |  |
| CITY-ST-ZIP   |  | *  | CITY-SI-ZIP  |  | DO NOT WRI  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                     |  |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                |  | IN THIS SPAC  | CE   |  |
| TITLE   |  |  | TITLE  |  |   |  |  |
| NAME<br>STREET ADDRESS  |  |  | NAME<br>STREET ADDRESS   |  |   |  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP  |  |   |  |  |
| TITLE   |  |  | TITLE  |  |   |  |  |
| NAME<br>STREET ADDRESS  |  |  | NAME<br>STREET ADDRESS   |  |   |  |  |
| CITY-ST-ZIP   | ·  |  | CITY-ST-ZIP  |  |   |  |  |
| indicated of the corp   | ertify that the information supplied with t<br>on this report or supplemental report is I<br>poration or the receiver or trustee empo<br>nt with an address, with all other like emp | true and accurate and that movered to execute this repor | the exemption stated in signature shall have the as required by Chap | in Section 1<br>the same I<br>ter 607, Flo         | I19.07(3)(i), Florida Statutes. I further cer<br>egal effect as if made under oath; that I a<br>rida Statutes; and that my name appears | tify that the information<br>am an officer or director<br>s in Block 10 or on an |  |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Blanco 4/25/23

Described Phone #