FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91107 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000118071

80058856

1. Entity Name
DICCIANI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4400 NW 87TH AVE PMB 173 MIAMI, FL 33178	4400 NW 87TH AVE PMB 173 MIAMI, FL 33178

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
10369 NW 41ST ST- PMB94		10369 NW 41ST ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB-94	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country BROWARD	Zip 33178	Country BROWARD

4. FEI Number 01-0580871 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
DICCIANI, K
4400 NW 87TH AVE
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 10369 NW 41ST STREET
City MIAMI FL Zip Code 33178

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 Keith Dicciani — 3/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee Will Be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: DICCIANI, KEITH STREET ADDRESS: 4400 NW 37TH AVE PMB 173 CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE: P NAME: DICCIANI, KEITH STREET ADDRESS: 10369 NW 41st ST- PMB94 CITY-ST-ZIP: MIAMI, FL 33178	☒ Change ☐ Addition
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CR2E034 (10/02)

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: Keith Dicciani — 3/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #