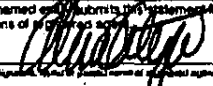
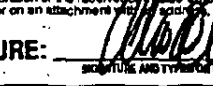


FILED
Jun 06, 2003 8:00 am
Secretary of State

05-07-2003 90167 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048024			
1. Entity Name ALICAR GROUP OF SOUTH FLORIDA, INC.			
Principal Place of Business 8810 SW 123 CT #M-407 MIAMI, FL 33186		Mailing Address 8810 SW 123 CT #M-407 MIAMI, FL 33186	
2. Principal Place of Business 8569 SW 24 ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami FLA		City & State	
Zip 33155		Country USA	
4. FEL Number 01-0693048		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTEGA, ALINA C 8810 SW 123 CT #M-407 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named agent, by signing 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 the agent as set forth in Chapter 607, Florida Statutes.			
SIGNATURE 		DATE 5/1/03	
9. 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 in block 11 if changed, or on an attachment when appropriate, and that I am duly empowered.		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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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 in block 11 if changed, or on an attachment when appropriate, and that I am duly empowered.			
SIGNATURE: 		DATE 5/1/03	
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR		305 273 8335	