2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90224 001 ***150.00

DOCUMENT # P02000052102

1. Entity Name
B.I.C PRODUCTION INC

Principal Place of Business	Mailing Address
4160 INVERRARY DRV.	4160 INVERRARY. DRV.
201	201
LAUDERHILL FL 33319	LAUDERHILL 33319

2. Principal Place of Business	3. Mailing Address
2518 N. State Rd 7	2518 N. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderdale lakes	City & State: Lauderdale lakes
Zip: 33313 Country: Broward	Zip: 33313 Country: Broward

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 35-2168076-020112 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNEL, CHARITE	Name
4160 INVERRARY DRV.	Street Address (P.O. Box Number is Not Acceptable)
APT. 201	
LAUDERHILL FL 33319	City FL Zip Code

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 _____
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 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	ARNEL, CHARITE	NAME	
STREET ADDRESS	4160 INVERRARY DRV. #201	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Tax Period
Type of Tax

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/ DATE STAMP

EIN 35-2168076 020112

B I C PRODUCTION INC
% ARNEL CHARITE
4160 INVERRAY DR STE 201
LAUDERHILL FL 33319-4545

17 3 Telephone number ( )

Federal Tax Deposit Coupon

Form 8109 (Rev. 12-2000)

Address change and correspondence to the IRS address above.

941	945	Q
990-C	1120	C
943	990-T	C
720	990-PF	C
CT-1	1042	
940		B

FOR BANK USE IN MICR ENCODING