FILED

Jan 14, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000061585

Secretary of State 1. Entity Name CICA INDUSTRIES, INC. 01-14-2002 90069 009 ***150.00 Principal Place of Business Mailing Address 11062 S.MILITARY TRAIL PO BOX 741084 #450 **BOYNTON BEACH FL 33474 BOYNTON BEACH FL 33436** (UNCHANGED) DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0769373 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUDOW, DEENA Street Address (P.O. Box Number is Not Acceptable) 11062 S. MILITARY TRAIL 9691 N. CRESCENT VIEW DR BOYTON BEACH FL 33436. BOYNTON BEACH, FL 33437 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS RUDOW, DEENA Delete TITLE ☑ Change ☐ Addition TITLE 9691 N. CRESCENT VIEW DR RUDOW, DEENA NAME 11062 S.MILITARY TRAIL STREET ADDRESS STREET ADDRESS BOYNTON BEACH, **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an addraws, with all other the empowered.