

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90141 029 \*\*\*150.00

**DOCUMENT # P97000081810**

1. Entity Name  
**A SPICE IN LIFE... TRAVEL WITH PATTI  
CARDOZO INC.**



Principal Place of Business  
**8321 FRESH CREEK  
WEST PALM BEACH, FL 33411 US**

Mailing Address  
**8321 FRESH CREEK  
WEST PALM BEACH, FL 33411 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0788895** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**CARDOZO, PATRICIA ANN  
1615 SEAGRAPE WAY  
HOLLYWOOD, FL 33019**

*wrote this change  
2 years ago / why wasn't  
this changes?*

*corrected  
address  
from left*

7. Name and Address of ~~Current~~ Registered Agent

Name **PATRICIA ANN CARDOZO**  
Street Address (P.O. Box Number is Not Acceptable)

**8321 Fresh Creek  
West Palm Beach FL Zip Code 33411**

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 *Patricia Ann Cardozo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

*2/22/03*  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CARDOZO, PATRICIA ANN 8321 FRESH CREEK WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDOZO, THOMAS R 8321 FRESH CREEK WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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: *Patricia Ann Cardozo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/03*  
Date

*(561)  
295-5295*  
Daytime Phone #