

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107492

1. Entity Name

PICA & ASSOCIATES ENTERPRISES, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90020 035 \*\*\*150.00

Principal Place of Business

6201 WEST BROWARD BLVD  
PLANTATION FL 33317  
US

Mailing Address

6201 WEST BROWARD BLVD  
PLANTATION FL 33317  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0802532

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

PICA, ANTHONY T  
6201 W BROWARD BLVD  
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------|-------------|---------------------------------|
|       | PSTD                |                |             |                                 |
|       | PICA, ANTHONY T     |                |             |                                 |
|       | 6201 W BROWARD BLVD |                |             |                                 |
|       | PLANTATION FL 33317 |                |             |                                 |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |

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 address, with all other like empowered.

SIGNATURE:

*Anthony T Pica*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00  
Date

Daytime Phone #

CR2E (X 14 15/00)

Attachment  
P97000107492  
A0068619

**PICA & ASSOCIATES ENTERPRISES, INC.**  
6201 West Broward Boulevard  
Plantation, FL 33317

July 11, 2000

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302

Gentlemen:

I am enclosing herewith my check in the amount of \$150.00 for payment of filing fees for Pica & Associates Enterprises, Inc.

I recently received a Second Notice regarding payment of filing fees. Please be advised I never received a First Notice that the filing fee was due. All payment of fees have been timely paid previously and I would respectfully request that you accept my payment of \$150.00 as payment in full of the amount due.

Thank you for your consideration and cooperation.

Yours truly,



Anthony T. Pica

ATP/sp