## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P97000107492 **DOCUMENT #** 1. Entity Name

PICA & ASSOCIATES ENTERPRISES, INC.

**FILED** Apr 28, 2003 8:00 am ecretary of State

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Principal Place of Business 6201 WEST BROWARD BLVD PLANTATION FL 33317 US  Mailing Address 6201 WEST BROWARD BLVD PLANTATION FL 33317 US									
ncipal Place of Business 3. Mailing Address									
D	Suite	, Apt. #, etc.	<del></del>	<u>_</u>		☐ CHECK HERE I	F MAKIN	NG CHANGE	6
	City 8	& State		·		4. FEI Number 65-0802532			oplied For lot Applicable
Country	Zip		Coun	try		5. Certificate of Status Desired		\$8.75 A	dditional
Name and Address of Curren	t Registered	Agent			-	. Name and Address of New Re	gistered	d Agent	
-				Name					
				Street Addre	ess (P.C	D. Box Number is Not Acceptable)	)		
				City			F	Zip Co	de
	for the purpo	se of changing its	registere	ed office or reg	istered	agent, or both, in the State of Flor	rida. Lan	n familiar with	, and accept
ure, typed or printed jame of registered ager	nt and title if applic	able. (NOTE	: Registered	Agent signature re	quired wh	en reinstating)	DATE		
1, 2003 Fee will be \$550.00			•				_		00 May Be ed to Fees
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	DIRECTOR					ADDITIONS/CHANGES TO OFFI	CERS AN		AS IN 11
a, anthony t 1 w broward blvd			NAME STREE	ET ADDRESS					<b>-</b>
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	Country  Name and Address of Current NY T VARD BLVD FL 33317  ed entity submits this statement of registered agent.  wre, typed or printed part of registered agent.  OFFICERS AND TO A, ANTHONY T IN W BROWARD BLVD INTATION FL 33317	ARD BLVD R317 PLANT US  of Business  G. Suite  Country  City & Country  Name and Address of Current Registered WY T WARD BLVD FL 33317  ed entity submits this statement for the purpo of registered agent.  We tree, typed or printed plane of registered agent and title if applic  NOW!!! FEE IS \$150.00  7 1, 2003 Fee will be \$550.00  able to Florida Department of State  OFFICERS AND DIRECTOR TD A, ANTHONY T 11 W BROWARD BLVD INTATION FL 33317	ARD BLVD  ART BROWARD BIT  BIT  BIT  BIT  BIT  BIT  BIT  BIT	ARD BLVD  RITT  Business  3. Mailing Address  C. Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  NY T  WARD BLVD FL 33317  Country  Country	Mailing Address 6201 WEST BROWARD BLVD PLANTATION FL 33317 US  of Business  a. Mailing Address c. Suite, Apt. #, etc.  City & State  Country  Zip  Country  Name and Address of Current Registered Agent  Name Street Address  City & State  City  Name  Street Address  City  Now!!! FEE:IS \$150.00 11, 2003 Fee will be \$550.00 able to Florida Department of State  OFFICERS AND DIRECTORS  TO A, ANTHONY T  IN W BROWARD BLVD  INTATION FL 33317  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP	Author of registered agent.    Country   Street Address   Street Address	Susiness  ARD BLVD  Country  ARD BLVD  ARD BLVD  Country  ARD BLVD  ARD BLVD  City & State  A. FEI Number 65-0802532  Country  ARD BLVD  ARD BLVD  FL 33317  City  C	Authors Supplies Supp	Mailing Address 600 WEST RROWARD BLVD REALTATION FL 33317 US  3. Mailing Address 6. Sulties, Apt. #, otc.   CHECK HERE IF MAKING CHANGES 6. Cly & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  7. Name and Address of New Registered Agent  WY T  NAME  ARAPO BLVD FL 33317  City  FL 2p Co  Country  City  FL 2p Co  City & State  1. Name and Address of New Registered Agent  WY T  NAME  AND CITY  Street Address (P.O. Box Number is Not Acceptable)  FL 2p Co  Country Submits shis statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I tan familiar with or propose of purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I tan familiar with or propose of changing its registered diffice or registered agent, or both, in the State of Florida. I tan familiar with or propose of purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I tan familiar with or propose of purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I tan familiar with or propose of purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I tan familiar with or purpose of change agent and the flory business

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 emptwered.

**SIGNATURE:** 

Daytime Phone #