

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90523 003 ***150.00

DOCUMENT # **P98000022149**

1. Entity Name

SICA ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

B0126048

2. Principal Place of Business

301 NE 141 ST

3. Mailing Address

301 NE 141 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0937151

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GOTTNEB, FREDRIC ESQ

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

301 NE 141 ST

City

Miami

FL

Zip Code

33161

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
SICA ALYCE
301 NE 141 ST
Miami, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alyce Sica

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-02

Date

305-893-1102

Daytime Phone

CR2E034B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000022149**

1. Entity Name
SICA ENTERPRISES, INC.

*Attachment
B0120028*

Principal Place of Business

**301 N.E. 141ST STREET
MIAMI FL 33161**

Mailing Address

**301 N.E. 141ST STREET
MIAMI FL 33161**

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 **65-0937151**

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

**GOTTLIEB, FREDRIC I ESQ
301 N.E. 141ST STREET
SUITE 211
HOLLYWOOD FL 33021**

Name

GOTTLIEB, FREDRIC ESQ

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

301 N.E. 141ST

City

Miami

FL

Zip Code

33161

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD SICA, ALYCE 301 N.E. 141ST STREET MIAMI FL 33161	<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	PD CK # 1700 \$ 150.00 4/25/02	<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
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

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 person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 305 893-1102

Attachment

BOIR6098

#P98000022149

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only: No Insurance Coverage Provided

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Reimbursement Required)	
Restricted Delivery Fee (Reimbursement Required)	
If Postage & Fees	\$350

Postmark
MAY 28 PAID

To	U OF CORP
Appt. No. or PO Box No.	
Box	1500
State, ZIP	ALABAMA 32302-1500
See Reverse for Instructions	

Sica Enterprises, Inc.

Attachment

B012408

301 N.E. 141st Street, Miami, FL 33161
(305) 899-1282

June 21, 2002

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

#P98000022149

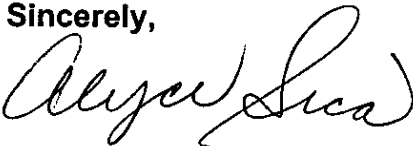
To whom it may concern;

A Uniform Business Report was sent to the Division of Corporation on May 28, 2002. This letter was sent Certified, Return Receipt. The receipt was never returned and the check was not cashed. On June 18th I contacted your office and was told to download a new application from your website and to submit it with any other documentation that I have and a replacement check.

Enclosed please find the new report, a copy of the original report, a copy of the Certified mail receipt and the replacement check. If you need any additional information, please feel free to contact me.

Thanking you in advance for your assistance in this matter.

Sincerely,



Alyce Sica
President