

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90003 011 ***550.00

DOCUMENT # P99000003625 ✓

1. Entity Name

PICARI, INC.

Principal Place of Business

Mailing Address

**3573 N DIXIE HWY
OAKLAND PARK FL 33334**

**3573 N DIXIE HWY
OAKLAND PARK FL 33306-1325**

2. Principal Place of Business

2133 NE 27 DR
Suite, Apt. #, etc.

3. Mailing Address

2133 NE 27 DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

4. FEI Number

65-0891187

Applied For

Not Applicable

Zip
33306

Country
USA

Zip
33306

Country
USA

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

**GRIFFITH, ROBERT
3573 N DIXIE HWY
OAKLAND PARK FL 33334**

Name

Robert Griffith
Street Address (P.O. Box Number is Not Acceptable)
2133 NE 27 DR

City

Wilton Manors

FL

Zip Code

33306

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

6/1/00

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, 2000 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	D GRIFFITH, ROBERT 3573 N DIXIE HWY OAKLAND PARK FL 33334	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/00

954-537-7553

CR2E034 (9/99)