

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90377 040 ***150.00

0273096

DOCUMENT # P99000075567

1. Entity Name
ARDICO, CORPORATION

Principal Place of Business Mailing Address

1141 N.W. 134TH AVENUE **1141 N.W. 134TH AVENUE**
MIAMI FL 33182 **MIAMI FL 33182-2220**

2. Principal Place of Business 3. Mailing Address

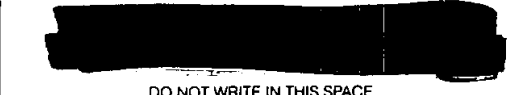
11650 S.W. 2nd Street **11650 S.W. 2nd Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT 201 **Apt. 201**

City & State City & State

Pembroke Pines FL **Pembroke Pines FL**

Zip Country Zip Country

33025 U.S.A. **33025 U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

ETN 65-0996535 Not Applicable

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

6. Name and Address of Current Registered Agent

MARRIGA, RAFAEL
1141 N.W. 134TH AVENUE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name **MARRIAGA, RAFAEL**

Street Address (P.O. Box Number is Not Acceptable)
11650 S.W. 2nd Street APT. 201

City **Pembroke Pines FL** Zip Code **33025**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	PD MARRIAGA, RAFAEL 1141 N.W. 134TH AVENUE MIAMI FL 33182
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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 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]* 4/30/2001 (305) 607-1376
NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (8/99)