

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90487 047 ***150.00

DOCUMENT # P99000079335

1. Entity Name
BOLICI, INC.



Principal Place of Business
**500 SW 21ST TERRACE
FORT LAUDERDALE FL 33312**

Mailing Address
**6000 NW 2ND AVE
#340
BOCA RATON FL 33487**

2. Principal Place of Business

1666 Kennedy Causeway

3. Mailing Address

1666 Kennedy Causeway

Suite Apt. #, etc.

310

Suite Apt. #, etc.

310

City & State

N. BAY VILLAGE FL

City & State

N. BAY VILLAGE FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number

98-0211929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MULLEN, JOSEPH P

PHC

2020 E COMMERCIAL BLVD

FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Chandler Finley or ~~Stefania Bologna~~

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

Finley + Bologna Int'l Attorneys at Law

150 SE 2 AVE., Ste. 1010

City

Miami

FL

Zip Code

33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BOLICI, PAOLO**
STREET ADDRESS **6000 NW 2ND AVE #340**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **DS** ☐ Delete
NAME **BOLICI, MARIO**
STREET ADDRESS **6000 NW 2ND AVE #340**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bolici PAOLO (Paolo Bolici)

4/1/03

305 868 5788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)