

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90084 037 ***150.00

DOCUMENT # V13317

1. Entity Name

21ST CENTURY CARICO, INC.

Principal Place of Business

Mailing Address

5740 HOLLYWOOD BLVD
 #600
 HOLLYWOOD FL 33021
 US

P.O. BOX 22-2122
 HOLLYWOOD FL 33022-2122
 US

2. Principal Place of Business

3. Mailing Address

1133 S. University Dr

1133 S. University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

212

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

Zip

Country

33324

U.S.A.

33324

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0389715

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

SCHECHTMAN, JENNIFER L
 9050 PINES BLVD STE 385-A
 PEMBROKE PINES FL 33024

Name

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

City

FL

Zip Code

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, 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 PS Delete
 NAME ACOCELLA, ANGELO C.
 STREET ADDRESS 5740 HOLLYWOOD BLVD #600
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PS Change Addition
 NAME ACOCELLA, ANGELO C.
 STREET ADDRESS 1133 S. University Dr Suite 212
 CITY-ST-ZIP PLANTATION, FL 33324

TITLE V Delete
 NAME ACOCELLA, TONI LYNN
 STREET ADDRESS 5740 HOLLYWOOD BLVD #600
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE V Change Addition
 NAME ACOCELLA, TONI LYNN
 STREET ADDRESS 1133 S. University Dr Suite 212
 CITY-ST-ZIP PLANTATION, FL 33324

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

[Handwritten Signature]

4/7/00

CPRECELA 11/10/00