

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

FILED JUL 11 2002 90549 027 *****70.00
567904

02 JUL 11 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 567904

1. Entity Name

DELICES-DE-PARIS, INC.

DO NOT WRITE IN THIS SPACE

80127072

2. Principal Place of Business
644 N. Grandview Avenue

3. Mailing Address
644 N. Grandview Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

4. FEI Number
591833352

Applied For
Not Applicable

Zip
32118-3821

Country
USA

Zip
32118-3821

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael E. Brugone

Street Address (P.O. Box Number is Not Acceptable)
1595 Carmen Avenue

City
Holly Hill FL Zip Code
32117

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

Michael E. Brugone

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

(NOTE: Registered Agent signature required when reconstituting)

6/26/02

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
President/Director P/D
Michael E. Brugone 32117
1595 Carmen Ave., Holly Hill, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary/Treasurer S/T
Billie Brugone
1595 Carmen Ave., Holly Hill, FL
32117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Brugone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/02 (386)
252-0078
Date Daytime Phone

CR2E034B (12/01)