## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # 573233 1. Entity Name JOE'S SPEEDY DELIVERY SERVICE, INC. 05-22-2002 90148 027 \*\*\*150.00 Mailing Address Principal Place of Business 12825XNXVXXXVXXXVXXX ZZZYZSZYCZ W W KOOK **MAK 19844 S** C X XXXXXXXX MÁÑK 2. Principal Place of Business 7730 W 28 Ave, Apt 211 Mailing Address 7730 W 28 St, Apt 211 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Hialeah Hialeah Applied For City & State City & State Florida 4, FEI Number 59-1831595 Not Applicable Florida Country Country \$8.75 Additional 33<sup>°</sup>018 5. Certificate of Status Desired 33018 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAIME SEARA N FERNANDEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 10875 NW 7TH STREET #14 MIAM! FL 33172 7730 W 28 St, Apt 211 <sup>City</sup> Hialeah 3018 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits th stateme 4/29/02 JAIME ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Inta FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) X Delete TITLE Director, President, Secretary X Change TITLE NAME FERNANDEZ, JOSE A. NAME Treasure 10875 NW 7TH STREET #14 STREET ADDRESS STREET ADDRESS Jaime Seara N CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 7730 W 28 St, Apt 211, Hialeah, F1 33018 TITLE TS X Delete TITLE FERNANDEZ, ANA LUISA NAME STREET ADDRESS 10875 NW 7TH STREET #14 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ MIAMI:FL-TITLE ☐ Delete TITLE Change ■ Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 ke empowered.

NTAD NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #