

**2001**  
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90631 046 \*\*\*150.00

**DOCUMENT # K56265**

1. Entity Name

MIAMI DELIVERY SERVICE, INC.

2. Principal Place of Business

Mailing Address

% GEROLD JEREZ  
13262 SW 119TH TERR.  
MIAMI FL 33186

% GEROLD JEREZ  
13262 SW 119TH TERR.  
MIAMI FL 33186-4554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0000795

65-0099738

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

JEREZ, GEROLD  
13262 SW 119TH TERR.  
MIAMI FL 33186

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

9. The entity is not eligible to satisfy its Intangible Tax filing requirement and elects to do so (see Section 609.04)

**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

D  
JEREZ, GEROLD  
11607 N.W. 4TH TERR.  
MIAMI FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Add

D  
JEREZ, FRANCIS  
11607 N.W. 4TH TERR.  
MIAMI FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Add

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Add

13. I, the undersigned, certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished in this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made upon oath. I shall be deemed to have executed this report as required by Florida Statutes, unless I have indicated otherwise in Box 10 or by attaching an attachment with an address within all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Francis Jerez*  
DIRECTOR 4/18/01