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FILED
Sep 19, 2001 8:00 am
Secretary of State

08-15-2001 90003 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038985

1. Entity Name
PRIORITY DELIVERY SERVICE, INC.

Principal Place of Business	Mailing Address
10024 WINDING LAKE RD., #201 SUNRISE FL 33351	10024 WINDING LAKE RD., #201 SUNRISE FL 33351

78587

2. Principal Place of Business	3. Mailing Address
5390 N.W 88[th] AVE.	SAME 5390 N.W 88[th] AVE
Suite, Apt. #, etc.: APT. B-204	Suite, Apt. #, etc.: APT. B-204
City & State: LAUDERHILL FLORIDA	City & State: LAUDERHILL FLORIDA
Zip: 33351 Country: U.S.A	Zip: 33351 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1001947 (EIN) ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILER, OSCAR
10024 WINDING LAKE RD., #201
SUNRISE FL 33351

7. Name and Address of New Registered Agent

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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER KIMENA GUTIERREZ 5390 N.W 88[th] AVE. Apt-B204 LAUDERHILL, FL. 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER OSCAR GILER 9380 NW 43 ST. SUNRISE, FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E024 (5/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #