

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90233 006 \*\*\*150.00

**DOCUMENT # P00000045387**

1. Entity Name  
3-D'S PICK UP & DELIVERY, CO.



Principal Place of Business  
3117 N.W. 203RD LANE  
MIAMI FL 33056

Mailing Address  
3117 N.W. 203RD LANE  
MIAMI FL 33056

2. Principal Place of Business

7829 NORMANDY STREET

Suite, Apt. #, etc.  
MIRAMAR FL

3. Mailing Address

7829 NORMANDY STREET

Suite, Apt. #, etc.

City & State

City & State  
MIRAMAR FL

Zip  
33023

Country  
U.S.A

Zip  
33023

Country  
U.S.A

4. FEI Number 59-3646427

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HYATT, DENTON  
3117 N.W. 203RD LANE  
MIAMI FL 33056

7. Name and Address of New Registered Agent

Name HYATT, DENTON  
Street Address (P.O. Box Number is Not Acceptable)  
7829 NORMANDY STREET  
MIRAMAR  
City FL Zip Code 33023

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

02-07-03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HYATT, DENTON	
STREET ADDRESS	3117 NW 203RD LANE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYE, ARNELLA	
STREET ADDRESS	3117 NW 203RD LANE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7829 NORMANDY STREET	
STREET ADDRESS	MIRAMAR FL 33023	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7829 NORMANDY STREET	
STREET ADDRESS	MIRAMAR FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **02-07-03** **786-877-3993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)