

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

DOCUMENT # P00000073184

1. Entity Name

Florida Delivery Services INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6475 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

405

City & State

Lauderhill FL

Zip

33313-1100

Country

Broward

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1036756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Monique Troncone, CPA

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

499 E. Palmetto Park Rd

Suite 207

City

Boca Raton

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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.

Monique Troncone

(NOTE: Registered Agent signature required when reinstating)

02/26/02

DATE

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
PO
Alexander Bonilla
6475 W. OAKLAND PARK BLVD #405
Lauderhill FL 33313-1100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900005482799--4
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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, initial, other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/02 (561)-338-5158

DATE

Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 2002

FLORIDA DELIVERY SERVICE, INC.
6475 W. OAKLAND PARK BLVD.
STE. 405
LAUDERHILL, FL 33313-1100

SUBJECT: FLORIDA DELIVERY SERVICE, INC.
Ref. Number: P00000073184

We have received your document for FLORIDA DELIVERY SERVICE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. Our records indicate the 2001 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$300.00. Add an additional \$8.75 for each certificate of status requested.

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers
Document Specialist

Letter Number: 002A00008655



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 14, 2002

FLORIDA DELIVERY SERVICE, INC.
6475 W. OAKLAND PARK BLVD.
#405
LAUDERHILL, FL 33313-1100

SUBJECT: FLORIDA DELIVERY SERVICE, INC.
Ref. Number: P00000073184

We have received your document for FLORIDA DELIVERY SERVICE, INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 002A00015377