

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90034 008 ***158.75

DOCUMENT # *P00000094280*
 1. Entity Name
Lower Delight INC ✓

Principal Place of Business
11530 N.E. 12 Ave
MIAMI FL 33161

Mailing Address
11530 NE 12 Ave
MIAMI FL 33161

2. Principal Place of Business
7310 N.W. 7 Ave
 Suite, Apt. #, etc.

3. Mailing Address
5630 Monroe St
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Hollywood FL

4. FEI Number
Applied For

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

6. Name and Address of Current Registered Agent
Graf Paige
7191 NW 7 Ave
MIAMI FL 33150

7. Name and Address of New Registered Agent
 Name *Graf Paige*
 Street Address (P.O. Box Number is Not Acceptable)
7310 NW 7 Ave
 City *MIAMI* FL Zip Code *33150*

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 *Graf Paige* DATE *4-28-2001*

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 \$150.00
After MAY 1, 2001 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

TITLE <i>P.T.O</i>	NAME <i>Power Mens</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>6848 S.W. 37th St.</i>	CITY-ST-ZIP <i>MIRAMON FL 33023</i>	
TITLE <i>V.P.O</i>	NAME <i>James McMillan</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <i>6848 S.W. 37th St.</i>	CITY-ST-ZIP <i>MIRAMON FL 33023</i>	
TITLE <i>S.D</i>	NAME <i>Marva McMillan</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <i>6848 S.W. 37th St.</i>	CITY-ST-ZIP <i>MIRAMON FL 33023</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>P.T.O</i>	NAME <i>MENS, Power I</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>5630 Monroe</i>	CITY-ST-ZIP <i>Hollywood FL 33023</i>	
TITLE <i>S.D.</i>	NAME <i>Hornstein Anna</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>155 N.W. 120 St.</i>	CITY-ST-ZIP <i>MIA FL 33161</i>	
TITLE <i>V.P</i>	NAME <i>Mens E.D. Power</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>5630 Monroe St</i>	CITY-ST-ZIP <i>Hollywood FL 33023</i>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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: *Power Mens Jr.* DATE *4/30/2001* DAYTIME PHONE # *305-757-1394*

00056243

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)