


2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90152 006 \*\*\*150.00

<b>DOCUMENT #</b> P00000097742	
<b>1. Entity Name</b> MIAMI QUICK DELIVERY, INC.	

**DO NOT WRITE IN THIS SPACE**

60010245

<b>2. Principal Place of Business</b> 3808 S.W. 153 CT.	<b>3. Mailing Address</b> P.O BOX 654 912
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MIAMI, FL 33185	<b>City &amp; State</b> MIAMI, FL. 33265	<b>4. FEI Number</b> 65-1051508	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

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

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ROBERTO 3808 S.W. 153 CT. MIAMI, FL. 33185	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, NIURKA 3808 S.W. 153 CT. MIAMI, FL. 33185	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:**  **Niurka Rodriguez**

1/17/03

(305) 804-8034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)