

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100443

1. Entity Name

PINERO DELIVERY SERVICE, INC

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 008 ***158.75

Principal Place of Business

Mailing Address

370 ROSEDALE
MIAMI SPRINGS,
FL. 33166

370 ROSEDALE
MIAMI SPRINGS,
FL. 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1055000

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PINERO, RODOLFO~~
370 ROSEDALE DR.
MIAMI SPRINGS, FL. 33166

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PINERO, RODOLFO	
STREET ADDRESS	370 ROSEDALE DR.	
CITY-ST-ZIP	MIAMI SPRINGS, FL. 33166	
TITLE	DN	<input type="checkbox"/> Delete
NAME	DELGADO, JEANNETTE	
STREET ADDRESS	370 ROSEDALE DR.	
CITY-ST-ZIP	MIAMI SPRINGS, FL. 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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 X PINERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/01 (305) 284-3702

Date

Signature Phone #

CR2E034 (9/99)

D# P0000010043
B00598/2

July 2, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
Tallahassee, Fl. 32314

Attn: P00000100443


We have not received the application you sent by mail. We have not changed our address

We are including a completed blank copy and a check \$ 158.75 to cover corporate registration fee.

We are soliciting a waiver on the late penalty, because We never received the official green document by mail.

We sorry very much about this incident.

Sincerely;


Rodolfo Pintero
President/Director