

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90356 004 ***150.00

DOCUMENT # P00000101640

1. Entity Name

DELIVERY ON TIME, INC.

Principal Place of Business

**1120 SW 55TH ST., UNIT 406
 MIRAMAR FL 33025**

Mailing Address

**1120 SW 55TH ST., UNIT 406
 MIRAMAR FL 33025**

2. Principal Place of Business

**11201 SW 55th
 Suite, Apt. #, etc. unit 406**

3. Mailing Address

**11201 S.W. 55th
 Suite, Apt. #, etc. # unit 406**

City & State

MIRAMAR

City & State

MIRAMAR

Zip

33025

Country

FL

Zip

33025

Country

FL

4. FEI Number

65-1052581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEIVA, LUIS F

**11201 SW 55TH ST., UNIT 406
 MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

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, 2002 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 **PDT** ☐ Delete
 NAME **LEIVA, LUIS F**
 STREET ADDRESS **11201 SW 55TH ST., UNIT 406**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **DVPS** ☐ Delete
 NAME **LEIVA, GRACIELA L**
 STREET ADDRESS **11201 SW 55TH ST., UNIT 406**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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CR2E034 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-02

(205) 336-7632