

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90372 001 \*\*\*155.00

**DOCUMENT # P00000108470**

1. Entity Name

**QUESADA'S DELIVERY, INC.**

Principal Place of Business

Mailing Address

**3241 SW 117TH COURT  
 MIAMI FL 33175**

**3241 SW 117TH COURT  
 MIAMI FL 33175**

2. Principal Place of Business

**7950 NW 14 St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**7950 NW 14<sup>th</sup> St.**  
 Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA.**

City & State

**MIAMI, FLORIDA**

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA.**

4. FEI Number

**65-1057422**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUESADA, ANTONIO E  
 3241 SW 117TH COURT  
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

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.

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD QUESADA, ANTONIO E 3241 SW 117TH COURT MIAMI FL 33175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
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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 Block 12 if changed, or on an attachment with an address, with another (ko empowered).

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-15-01 305-594-7378**  
 Date Daytime Phone #

960700



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)