## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P0100000175 J & C DELICIAS CORPORATION 02-28-2001 90076 033 \*\*\*150.00 Principal Place of Business Mailing Address 1675 RIPLEY RUN 1675 RIPLEY RUN WELLINGTON FL 33414 WELLINGTON FL 33414 UUUZUII8 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1070723 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEZ, JOSE IGNACIO Street Address (P.O. Box Number is Not Acceptable) 1675 RIPLEY RUN WELLINGTON FL 33414 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME DIEZ, JOSE IGNACIO STREET ADDRESS STREET ADDRESS 1675 RIPLEY RUN CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change TITLE ☐ Delete Addition D NAME MONTOYA, LAURA INES STREET ADDRESS STREET ADDRESS 1675 RIPLEY RUN CITY-ST-7IP CITY~ST-ZIP WELLINGTON FL 33414 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 plastee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22/2-/200/-561-333