CR2E034 (10/02)

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

### **DOCUMENT#**

P01000006457

1. Entity Name

7-DAYS DELI, INC.



# **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90105 033 \*\*\*150.00

|  |   |  |   |                                  | 1000  | 3  |  |  |
|--|---|--|---|----------------------------------|---|--|--|--|
| Principal Place of Business 924-8-A KENNEDY DR KENNEDY PLAZA KEY WEST FL 33040   |   | Mailing Address 924-8-A KENNEDY DR KENNEDY PLAZA KEY WEST FL 33040 |   |                                  |   |  | 20009716   |  |
| 2. Principal   | Place of Business   | 3. Mailing Address   |   |                                  |   |  |  |  |
| Suite, Apt   | . #, etc.   | Suite, Apt. #, etc.  |   |                                  |   |  | ☐ CHECK HERE IF MAKING CHANGES   |  |
| City & Sta   | te  | City 8   | City & State  |                                  |   | 4.   | FEI Number 65-1069437 Applied For  |  |
| Zip  | Country Zip   |  | ·   | Country                          |   | 5.   | Certificate of Status Desired S8.75 Additional   |  |
| 6. Name and Address of Current Rec   |   |  | egistered Agent   |                                  |   | Fee Required 7. Name and Address of New Registered Agent |  |  |
| CORPORATE CREATIONS INC. 941 4TH ST. #202 MIAMI BEACH FL 33139   |   |  |   |                                  | Name Street Addr                                  | Vlead  | Harris Ave   |  |
| SIGNATURE  | stignatural types to an ayed name of registered age   | Verez  |   |                                  | ed office or rec                                  |  | gent, or both, in the State of Florida. I am familiar with, and accept   |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS |   |  |   |                                  | <u>.</u>  |  | 9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees   |  |
| TITLE  | D OFFICERS ANI  | DIRECTORS  |   | 11.                              | <del></del>                                       | AD   | DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | BROWN, INES M<br>924-B-A KENNEDY DR<br>KEY WEST FL 33040  |  | □ Delete  |                                  | ľ   | 7  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS   |  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Delete  | TITLE NAME STREE CITY-S          | T ADDRESS   |  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Delete  | TITLE NAME STREET CITY-S         | ADDRESS<br>ST-ZIP                                 |  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | □ Delete  | TITLE NAME STREET CITY-S         | ADDRESS<br>T-ZIP                                  |  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Delete  | CITY-S                           |   |  | ☐ Change ☐ Addition  |  |
| 12. I hereby co-<br>indicated co-<br>of the corp<br>changed co-  | ertify that the information supplied with<br>on this report or supplemental report is<br>oration or the receiver or trustee emp | this filing do   | es not qualify for the<br>curate and that my<br>cute this report as | he exem<br>signatur<br>required  | ption stated in<br>e shall have t<br>d by Chapter | Section 1<br>he same le<br>607, Florid                   | 19.07(3)(i), Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or director to Statutes; and that my name appears in Block 10 or Block 11 if |  |

12.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #