

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000023159

1. Entity Name
W.M.J. DELIVERY SERVICES, INC.



Principal Place of Business
3590 W 71 TERRACE
HIALEAH, FL 33018

Mailing Address
3590 W 71 TERRACE
HIALEAH, FL 33018

FILED
04 MAR 17 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1082390

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

ROSELL BRICENO, MARIA
3590 W 71 TERRACE
HIALEAH, FL 33018

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRICENO, MARIA R
STREET ADDRESS	3590 W 71 TERRACE
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	V
NAME	BRICENO, MAIRA J
STREET ADDRESS	3590 W 71 TERRACE
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400030932554
03/23/04--01070--018 **158.75

DO NOT WRITE
IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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Document Number

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Business Entity Name

W.M.J. DELIVERY SERVICES, INC.

FEI Number 1651082390

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No \$8.75 each

Principal Place of Business

Address 3590 W 71 TERRACE
Suite, Apt. #, etc.
City, State HIALEAH, FL
Zip Code & Country 33018

Mailing Address

Address 3590 W 71 TERRACE
Suite, Apt. #, etc.
City, State HIALEAH, FL
Zip Code & Country 33018

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ROSELL BRICENC, MARIA
-or- RA Business Name
Address 3590 W 71 TERRACE
Suite, Apt. #, etc.
City, State HIALEAH, FL
Zip Code & Country 33018 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature MARIA ROSELL BRICENO

 -3/13/04

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Document Number

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Business Entity Name

W.M.J. DELIVERY SERVICES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title P
 Name (Last, First, Middle, Title) BRICENO MARIA R
 -or- Entity Name _____
 Street Address 3590 W 71 TERRACE
 City, State HIALEAH, FL
 Zip Code & Country 33018

Title V
 Name (Last, First, Middle, Title) BRICENO MAIRA J
 -or- Entity Name _____
 Street Address 3590 W 71 TERRACE
 City, State HIALEAH, FL
 Zip Code & Country 33018

Title _____
 Name (Last, First, Middle, Title) _____
 -or- Entity Name _____
 Street Address _____
 City, State _____
 Zip Code & Country _____

Title _____
 Name (Last, First, Middle, Title) _____
 -or- Entity Name _____
 Street Address _____

4084

City, State _____
 Zip Code & Country _____

Title _____
 Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____
 Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
 'Officer/Director Signature' block below. A corporate name is not
 allowed in this block.

Title _____ P _____

Officer/Director Signature MARIA ROSELL BRICENO 

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