

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90275 041 \*\*\*150.00

**DOCUMENT # P01000026418**

1. Entity Name  
**PALM BEACH DELIVERY SERVICE, INC.**

Principal Place of Business  
**349 PIPER RIDGE ROAD**  
**ROYAL PALM BEACH FL 33411**

Mailing Address  
**349 PIPER RIDGE ROAD**  
**ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

**2538 SW Delpina Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Port St. Lucie Florida**

4. FEI Number

**651085615**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34953**

**Port St. Lucie**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETTO, JOE**  
**349 PIPER RIDGE ROAD**  
**ROYAL PALM BEACH FL 33411**

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 *Joseph L Barretto Pres* **JOSEPH L BARRETTO**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-12-02**

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 **\$5.00 May Be**  
 Trust Fund Contribution ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **Pres.**  
 STREET ADDRESS **JOSEPH L BARRETTO**  
 CITY-ST-ZIP **34953**  
**2538 SW Delpina Dr. Port Saint Lucie**

TITLE ☐ Delete  
 NAME **Vice Pres.**  
 STREET ADDRESS **Victoria Barretto**  
 CITY-ST-ZIP **Jane**  
**Jane**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-02 561-722-6818**

CR2E034 (9/01)