

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91165 008 ***150.00

0083275 AV

DOCUMENT # P01000030063

1. Entity Name
DELIVER IT FAST, INC.



Principal Place of Business
**762 HADDONSTONE CIR
#202
HEATHROW FL 32746**

Mailing Address
**762 HADDONSTONE CIR
#202
HEATHROW FL 32746**



2. Principal Place of Business
4669 W 18th BRONSON HWY
Suite, Apt. #, etc.

3. Mailing Address
4669 W 18th BRONSON HWY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE FLORIDA
Zip
32746
Country
USA

City & State
KISSIMMEE FLORIDA
Zip
32746
Country
USA

4. FEI Number
59-3718662
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YUSURALI, HUSSEINALI S
762 HADDONSTONE CIR #202
HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name
HUSSEINALI S. YUSUFALI
Street Address (P.O. Box Number is Not Acceptable)
1202 FOX QUARRY LANE
City
SANFORD FL Zip Code
32773

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 **MUSTAFA YUSUFALI OPERATIONS MANAGER**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/29/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD YUSUFALI, HUSSEINALI S 762 HADDONSTONE CIR #202 HEATHROW FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUSUFALI, HUSSEINALI S 762 HADDONSTONE CIR, UNIT 202 HEATHROW FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HUSSEINALI S. YUSUFALI 1202 FOX QUARRY LANE SANFORD, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MUSTAFA YUSUFALI OPERATIONS MANAGER** **4/29/2003** **407 923 6999**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)