FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90363 038 ***150.00

DOCUMENT # P01000091681

1. Entity Name
M.D. DELIVERY, CORP.

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2. Principal Place of Business		3. Mailing Address	
7473 SW 8th ST		7473 SW 8th ST	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Miami, FL.		City & State: Miami, FL.	
Zip: 33144	Country: USA	Zip: 33144	Country: USA

4. FEI Number: 65-1139269 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: MARCO V. DUQUE
Street Address (P.O. Box Number is Not Acceptable): 7473 SW 8th ST
City: Miami FL Zip Code: 33144

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] MARCO V. DUQUE 4/25/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	DUQUE, MARCO V.	NAME	
STREET ADDRESS	14910 SW 82 Terr	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33193	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARCO V. DUQUE 4/25/02 (305)262-6116