2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNKTIME REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🗶

P01000100093 DOCUMENT

1. Entity Name

RADO'S DELIVERY SERVICE, INCORPORATED



May 05, 2003 8:00 am \$ Secretary of State >

05-05-2003 91896 018 ***158.75

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			GOD WE							
Principal Place of Business 1948 NORTH EAST 54TH STREET POMPANO BEACH FL 33064		Mailing Address 1948 NORTH EAST 54TH STREET POMPANO BEACH FL 33064				IIII aa isi sa hai iii	111 80 44 10 14 6840 11	11 00 1111 1101		
2. Principal F	Place of Business 15th Terr.	3. Mailing Address	5-15 Terr	- <u>-</u>				 		
Suite, Apt.	<u>` </u>	Suite, Apt. #, etc.	<u></u>		CHECK H	HERE IF MAK	ING CHANGES			
Pompa	no bol. Florida	City & State	bar. Flo	ride	4. FEI Number 03-0374	668		plied For t Applicable		
Zio '	64 mini to lide	_ Zip 33064 m	Country DO	ue	5. Certificate of Status Des		\$8.75 Add Fee Required			
	6. Name and Address of Current R	legistered Agent			7. Name and Address of N	lew Register	ed Agent			
-	ANDRADES ITH EAST 54TH STREET	Name Street Ad	Name Andrades Radomir Street Address (P.O. Box Number is Not Acceptable)							
					I	 -				
PUMPANU	BEACH FL 33064		517	79 N	t 15 Tirrace	<u></u>				
			City	amh	no Boach	F	EL Zip God	LU		
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 Adam Ludre SIGNATURE										
	Signature, typed or printed name of registered agent ag	d+tle if and Cable. (NOTE: Re	egistered Agent signatur	re required wh	hèn reinstating)	DAT	E			
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.										
10,	OFFICERS AND D	DIRECTORS	11.	_	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS	P ANDRADES, RADOMIR 1948 NE 54 STREET	⊠ Delete	TITLE NAME STREET ADDRESS	P Una 5179	hades Rado	mir ce	☐ Change	☐ Addition		
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CITY-ST-ZIP		12.00	CITY-ST-ZIP		110.03(0)(1) = 111.5					
indicated of the cor	certify that the information supplied with t I on this report or supplemental report is t poration or the receiver or trustee empow or on an attachment with an address) wi	nis filing does not qualify for the rue and accurate and that my vered to execute this report as th all ather like empowered.	e exemption state signature shall ha required by Chap	ed in Sect ive the sai oter 607, F	ion 119.07(3)(i), Florida Stat me legal effect as if made u Florida Statutes; and that my	utes. I further nder oath; tha name appeal	certify that the in t I am an officer or rs in Block 10 or	formation or director Block 11 if		