

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119648

1. Entity Name
FOOD DELIVERY SERVICE, INC.



FILED

03 SEP 29 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2201 BRICKELL AVE
APT 58
MIAMI, FL 33129

Mailing Address

2201 BRICKELL AVE
APT 58
MIAMI, FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

80-0002898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, NELSO H
2201 BRICKELL AVE
#58
MIAMI, FL 33129

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$650.00
Amended UBR is \$61.26
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GARCIA, NELSO H
2201 BRICKELL AVE #58
MIAMI, FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500023400945
09/29/03--01061--011 **150.00

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

9/30

September 4, 2003

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Food Delivery Services Inc.
Doc. # P01000119648

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Nelso H. Garcia', is written over the printed name.

Nelso H. Garcia
President