

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91517 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000000007			
1. Entity Name DELECIA FOODS, INC.			
Principal Place of Business 110 NW 116 STREET MIAMI, FL 33168		Mailing Address 110 NW 116 STREET MIAMI, FL 33168	
2. Principal Place of Business 401 NW 2nd Ave. Suite, Apt. #, etc. NORTH 4th FLOOR. City & State MIAMI, FL Zip 33128		3. Mailing Address Suite, Apt. #, etc. City & State City FL Zip Code	
4. FEI Number 01-0564613		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent FRANCIS, LESLIE 110 NW 116 STREET MIAMI, FL 33168		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 _____ (NOTE: Registered Agent signature is required when necessary) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 without address, with all other like empowered.			
SIGNATURE: 		Date _____ Cayman Phone # _____	

10090025



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)