



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90229 025 ***150.00

DOCUMENT # P02000007740					
1. Entity Name DIET AT YOUR DOORSTEP, INC.					
Principal Place of Business 2403 EPISA AVENUE COCONUT CREEK FL 33063			Mailing Address 2403 EPISA AVENUE COCONUT CREEK FL 33063		
2. Principal Place of Business		3. Mailing Address 541 SOUTH STATE RD 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc. (1)			
City & State		City & State MARGATE, FLORIDA		4. FEI Number 03-0381053	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33063		33063	BROWAR.		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLADIMIRSQUY, ESTELLE B. SECTY. 2403 EPISA AVENUE COCONUT CREEK FL 33063			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 required when reinstating) 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. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			President Mario Bladimirsquy 2403 Episa Ave Coconut Creek, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			Vice-President Daniel Mommo 5600 N. Flagler Dr. PH 202 West Palm Beach, FL 33407		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, without other like empowerment.					
SIGNATURE: 			4/24/03 (954) 972-9583 Date Daytime Phone #		

CR2E034 (10/02)