FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90114 040 ***150.00

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1. Entity Name

911 DELIVERIES SERVICES CORPORATION

70036559

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
410 N. ROYAL POINCIANA BLVD	410 N. ROYAL POINCIANA BLVD
Suite, Apt. #, etc.: No A8	Suite, Apt. #, etc.: No. A8
City & State: MIAMI SPRINGS	City & State: MIAMI SPRINGS
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 33-0994703 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RODOLFO E. MASSIE

Street Address (P.O. Box Number is Not Acceptable): 410 N. ROYAL POINCIANA BLVD No. A8

City: MIAMI SPRINGS **FL** Zip Code: 33166

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 _____ 04/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PSD NAME JULIA S. MORENO STREET ADDRESS 410 N. Royal Poinciana Blvd No. A8 Miami CITY-ST-ZIP Spring, Fl 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VTD NAME Rodolfo E. Massie STREET ADDRESS 410 N. Royal Poinciana Blvd No. A8 CITY-ST-ZIP Miami Springs, Fl 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/07/03 786-306-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #