

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90382 042 \*\*\*150.00

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

DOCUMENT # **PO2000033991**

1. Entity Name

**MASTER DELIVERY, CORP.**



**DO NOT WRITE IN THIS SPACE**

**90120809**

2. Principal Place of Business  
**8701 SW 12TH STREET**

Suite, Apt. #, etc.  
**28**

City & State  
**MIAMI FLORIDA**

Zip  
**33174**

Country  
**MIAMI DADE**

3. Mailing Address  
**8701 SW 12TH STREET**

Suite, Apt. #, etc.  
**28**

City & State  
**MIAMI FLORIDA**

Zip  
**33174**

Country  
**MIAMI DADE**

4. FEI Number **65-0495900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name **RODRIGEZ CANDIDO**

Street Address (P.O. Box Number is Not Acceptable)

**8701 SW 12TH STREET # 28**

City **MIAMI**

FL Zip Code  
**33174**

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IN THIS SPACE**

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

*Rodriguez Candido*

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**4/28/03**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RODRIGUEZ CANDIDO  
8701 SW 12TH STREET # 28  
MIAMI FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Rodriguez Candido* **CANDIDO Rodriguez President** **4/28/03** **(305) 220 1473**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004B (12/02)