

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 014 ***158.75

DOCUMENT # P02000048965

1. Entity Name
THE DELI PLANET II, INC.



Principal Place of Business
2315 S. ORANGE AVE.
ORLANDO, FL 32806

Mailing Address
6955 HANGING MOSS RD.
SUITE 106
ORLANDO, FL 32806

2. Principal Place of Business
511 E. Horatio Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Maitland, FL

City & State

Zip
32751

Country
Orange

Zip

Country

4. FEI Number
01-0686215

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LAGALA, MICHELE
2316 S. ORANGE AVE
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name **Michele Lagala**
Street Address (P.O. Box Number is Not Acceptable)
2447 S. Orange Ave
City **Orlando** FL Zip Code **32806**

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

4-1-03

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **LAGALA, MICHELE**
CITY-ST-ZIP **2315 S. ORANGE AVE. ORLANDO, FL 32806**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CINTRON, MARTIN**
CITY-ST-ZIP **2315 S. ORANGE AVE. ORLANDO, FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **Lagala, Michele**
CITY-ST-ZIP **2447 S. Orange Ave. Orlando, FL 32806**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Cintron, Martin**
CITY-ST-ZIP **511 E. Horatio Ave. Maitland, FL 32751**

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

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

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

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

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 #

4-1-03

CR2E034 (10/02)