FILED Jul 03, 2003 8:00 am Secretary of State

UNIFC)RM I	BUSINE	SS"REI	PORT	(UBF	₹)
		DOOO	2224	3000	* */	

1. Entity Nan	IMENT# P020 IN DE LAS DELICIAS, INC		0//			07-03-2003 90	032 010 **	**150.00	
Principal Place of Business 4207 NW 107TH AVE. MIAMI FL 33178		4207 NW 1071	Mailing Address 4207 NW 107TH AVE. MIAMI FL 33178						
2 Orientes (Disco at Presisance	. I 9 Mallion Add	· · · · · · · · · · · · · · · · · · ·		_		· · · · · · · · · · · · · · · · · · ·	-	
2. Principal Place of Business 3. Malling Address			1688	•				•	
Suite. Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, elc.			CHECK HERE IF MAK	UNG CHANGE	:S	
City & Stat	te	City & State	City & State			Cumber 5 · 0480604		Applied For Not Applicable	
Zio	Country	Žip	Zip Cour			icate of Status Desired	\$8.75 A	Additional	
	6. Name and Address of Curre	nt Registered Agen			7. Name	and Address of New Register			
MONTAG	ROSA M		and the second second	Name		ې م ختاه دېر ساد ه ديم <u>حس</u>	المحمد عليا	unu regi tun nie	
	107TH-AVE.			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	44.4								
				City			FL Zip Co	ode	
8. The above	named entity submits this statement	for the oursess of c	hanning its register	ed office or regist	ered agent o			h and accept	
	tions of registered agent.	ito the purpose of c	a igning its register	oc omeo or rogical	oros agant, t			ii di lo decopi	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signature requir	ed when reinstati	ng) CA	TE .		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department					Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.		AODITIO	ONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
	PD		Delete TITL	- 1			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JOUBE, HANNI D 4207 NW 107TH AVE. MIAMI FL 33178			CET ADORESS	Tove	si. HAMNI			
TITLE	VO .		Delete TITL				Change	Addition	
name Street address	CIMINO, BLAGGIO 4207 NW 107TH AVE.		NAM STRE	EET ADORESS					
CITY-ST-ZIP	MIAMI FL 33178			-ST-ZIP			——————————————————————————————————————		
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TREET ADDRESS			STRE	ET ADDRESS				l	
CITY-ST-ZIP				-ST-ZIP					
 I hereby of indicated of the corporate changed. 	certify that the information supplied wi on this report or supplemental report poration or the receiver or this see am or on an attachment with an attachment	th this filing does no is true and accurate powered to execute with all other like an	quality for the exer and that my signat this report as requir npowered.	mption stated in S ure shall have the ed by Chapter 60	ection 119.03 same legal e 7, Florida Sta	7(3)(i), Florida Statutes. I further i iffect as if made under cath; that itutes; and that my name appear	certify that the t Lam an office is in Block 10 c	information r or director x Block 11 if	
SIGNAT	URE: YSIGHD	munit	DURED					. [
,, -, , , , , , ,	SIGNATURE AND TYPED OF	PRINTER NAME OF SIGNI	OFFICER OR DIRECT	OR .		Oste	Ozytime Phone #		