

FILED
Feb 25, 2003 8:00 am
Secretary of State

01-30-2003 90100 032 ***150.00

**PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000073849



1. Entity Name
ANTUNEZ MARKETING & DELIVERY CORP.

Principal Place of Business
1475 W. 38TH PLACE.
APT. 206
HIALEAH FL 33012

Mailing Address
1475 W. 38TH PLACE.
APT. 206
HIALEAH FL 33012

2. Principal Place of Business
same
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number

01-0734059

Applied For

Not Applicable

Zip
33012

Country
U.S.A

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

ANTUNEZ, ORLANDO
1475 W. 38TH PLACE.
APT. 206
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

City

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

Signature typed or printed name of registered agent and title if applicable.

(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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANTUNEZ, ORLANDO
1475 W-38TH PLACE, APT-206
HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03

(305)825-0523

Date

Daytime Phone #

CR2E034 (10/02)