

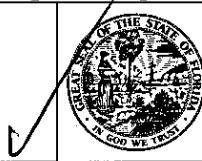
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 042 ***158.75

DOCUMENT # P02000076112

1. Entity Name
DELIVERYMANIA, CORP.



Principal Place of Business
**18741 S.W. 28TH CT.
MIRAMAR FL 33029**

Mailing Address
**18741 S.W. 28TH CT.
MIRAMAR FL 33029**

2. Principal Place of Business

18741 SW 28ct.

3. Mailing Address

18741 SW 28ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMAR

City & State

FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

16-1619756

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

**DE CURIEL, ARELYS C
18741 S.W. 28TH CT.
MIRAMAR FL 33029**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DE CURIEL, EDUARDO J	
STREET ADDRESS	18741 S.W. 28TH CT.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DE CURIEL, ARELYS C	
STREET ADDRESS	18741 S.W. 28TH CT.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CURIEL, EDUARDO J.	
STREET ADDRESS	18741 S.W. 28TH CT.	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ARELYS C. DE CURIEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 (954) 431-0654
Date Daytime Phone #

CR2E034 (10/02)