

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000050159

1. Entity Name

L.L.L. DELIVERY SERVICES, INC.

Principal Place of Business

**2993 NW 103RD LANE
CORAL SPRINGS, FL 33065**

Mailing Address

**2993 NW 103RD LANE
CORAL SPRINGS, FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0015443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCIA REGINA CLEMENTE

2993 NW 103RD LANE

CORAL SPRINGS FL 33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW! FEE IS \$150.00
After MAY 1, 2004 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CLEMENTE, MARCIA REGINA**
STREET ADDRESS **2993 NW 103RD LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARCIA REGINA CLEMENTE - PRESIDENT

10/04/04

(754)368 4297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 OCT -7 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2004 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: Filing of Uniform Business Report 2004

P03000050159

L.L.L. DELIVERY SERVICES, INC.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form in the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR for 2004; which has been prepared by our accountant. I have attached one (1) check of \$ 150.00.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. José Luiz.

Sincerely,



Marcia Regina Clemente - President
L.L.L. DELIVERY SERVICES, INC.
2993 NW 103rd Lane, Coral Springs, FL 33065
Phone (754) 368-4297 - Fax (954) 755 0938