

2007 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 025 ***150.00

DOCUMENT# P05000097137

1. Entity Name

DOWNTOWN WEST PALM BEACH DELIVER, CORP.

Principal Place of Business

**2888 TENNIS CLUB DR., STE. 602
 WEST PALM BEACH FL 33417**

Mailing Address

**2888 TENNIS CLUB DR., STE. 602
 WEST PALM BEACH FL 33417**

2. Principal Place of Business

16630 75th AVE N

3. Mailing Address

16630 75th AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

20-3131556

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUES LIRA, WELLINGTON
 2888 TENNIS CLUB DR., STE. 602
 WEST PALM BEACH FL 33417**

7. Name and Address of Now Registered Agent

Name
RODRIGUES LIRA, WELLINGTON

Street Address (P O Box Number is Not Acceptable)
16630 75th AVE N

City
PALM BEACH GARDENS

FL Zip Code
33418

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

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

(NOTE: Registered Agent signature required when reinstating)

02/03/07

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, 2007 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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**PVTS
 RODRIGUES LIRA, WELLINGTON
 16630 75th AVE N
 PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Willis L
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/07 (561) 596-7223

Date Daytime Phone #