2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P94000076048

1. Entity Name

D.L.D. INVESTMENTS, INC.



Dringing Blood of Business

Mailing Address

9755 S.W. 62ND ST. MIAMI FL 33173	9755 S.W. 62ND S MIAMI FL 33173					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address	3. Mailing Address			
		Suite, Apt. #, etc	·	CHECK HERE		
City & State		City & State	City & State		4. FEI Number 65-0529867	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	
6. Name	and Address of Cu	urrent Registered Agent			7. Name and Address of New F	
MARQUEZ, JOSE M 1 782 N.W. LEJUENE F SUITE 548				Name Street Addr	ess (P.O. Box Number is Not Acceptable	
MIAMI FL 33126				City		
8. The above named entit the obligations of regist		nent for the purpose of chang	ging its registere	ed office or reg	gistered agent, or both, in the State of Flo	
SIGNATURESignature, typed	or printed name of registere	ed agent and title it applicable.	(NOTE: Registered	d Agent signature re	equired when reinstating)	

FILED Apr 07, 2003 8:00 am § Secretary of State

04-07-2003 91040 017 ***150.00



\Box	CHECK	HERE	ΙF	MAKING	CHANGES
			"	MUNICIPAL	CHANGES

	Fee Required					
7. Name and Address of New Registered Agent						
(P.O. Box Number is Not Acceptable))					
, t. a						

DATE

Zip Code Florida, I am familiar with, and accept

the obligations of registered agent.	 	-ga, c.		

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

Applied For

\$8.75 Additional

Not Applicable

10	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITL() NAME STREET ADDRESS CITY-ST-ZIP	PD 5 VALDES, DANIEL R 9755 SW 62 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDES, DANIEL F 9100 SW 68 STREET MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDES, ROSARIO 9755 SW 62 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, LETICIA R 9755 SW 62 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDES, DAVID L 9755 SW 62 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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: