

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 007 ***150.00

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DOCUMENT # P95000040928

1. Entity Name

AFTERNOON DELIGHTS, INC.



Principal Place of Business

2191 N.W. 84 WAY
SUNRISE FL 33322
US

Mailing Address

2191 N.W. 84 WAY
SUNRISE FL 33322
US

2. Principal Place of Business

9430 N.W. 16 Street
Suite, Apt. #, etc.

3. Mailing Address

9430 NW 16 Street
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

4. FEI Number

65-0584497

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARINAS, SUSAN
2191 NW 84TH WAY
SUITE 211
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name SUSAN FARINAS
Street Address (P.O. Box Number is Not Acceptable)
9430 N.W. 16 Street
City PLANTATION FL Zip Code 33322

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

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03
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 P
NAME FARINAS, SUSAN ☐ Delete
STREET ADDRESS 2191 NW 84 WAY
CITY-ST-ZIP SUNRISE FL 33322

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME FARINAS SUSAN
STREET ADDRESS 9430 N.W. 16 Street
CITY-ST-ZIP PLANTATION, FL. 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Susan Farinas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

305-216-5861
Daytime Phone #

CR2E034 (10/02)