

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91167 024 \*\*\*150.00

771177

**DOCUMENT #** P95000046395

1. Entity Name

INTEGRATED DELIVERY SYSTEMS INC.

Principal Place of Business

Mailing Address

1901 S.W. 1st Street

SAME

2nd FLOOR

Miami, Florida 33135, USA

2. Principal Place of Business

7483 Coral Way

3. Mailing Address

7483 Coral Way

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

650613935

Applies For

Not Applicable

Zip

Country

33155

USA

Zip

Country

33155

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDUARDO CANTERA, ESQ.  
 1762 Coral Way  
 Miami, Florida 33145

7. Name and Address of New Registered Agent

Name

SAME

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 re-registering)

DATE

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

☒ X

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$600.00**  
**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: President ☐ Delete  
 NAME: GAZQUEZ, JESUS  
 STREET ADDRESS: 1560 S.W. 139th Avenue  
 CITY-STATE-ZIP: Miami, Florida 33184 ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
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 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

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 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE:

*Jesús F. Gázquez, President* 05/29/01 (305) 725-8080

CRE003 (11/00)