2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000014566** Mar 27, 2000 8:00 am **Secretary of State** FAST DELIVERY IN DADE, INC. 4年3日新加工。1771。 03-27-2000 90110 038 ***150.00 Principal Place of Business Mailing Address 10411 SW 26 ST 10411 SW 26 ST MIAMI FL 33165 MIAMI FL 33165-2540 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0819936 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAZQUEZ, JUAN C 10471 SW 26 ST MIAMINEL 33165 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNATURE Signature, typed prin red agent and title if applicable (NOTE. Registered Agent signature required when reinstating) - FILE-NOW!!!=FEE:IS:\$150:00 ----9. This corporation is eligible to satisfy i**t**s/ntangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ---12. 11.3 ☐ Defete TITLE TITLE VAZQUEZ, JUAN C NAME NAME 8450 SWAY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 popul 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 an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an all other like empowered.

REQUIRE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-22-20

Daytime Phone #