

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0021860
AV

DOCUMENT # P97000015128

1. Entity Name
TASTY DELIGHT CORPORATION



FILED

03 DEC 18 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4847 EAST 10TH COURT
HIALEAH FL 33013

Mailing Address
4847 EAST 10TH COURT
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0767810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZO, MARISELA
4847 EAST 10TH COURT
HIALEAH FL 33013

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME LORENZO, MARISELA ☐ Delete
STREET ADDRESS 17382 SW 21 COURT
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600025774216
CITY-ST-ZIP 12/26/03--01057--012 **750.00

TITLE DVPS
NAME ESCOBAR, MARIA C ☐ Delete
STREET ADDRESS 1630 BIARRITZ DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE DVPS ☒ Change ☐ Addition
NAME MARIA C. ESCOBAR
STREET ADDRESS 8753 SW 53 Street
CITY-ST-ZIP Cooper City, FL 33328

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)