

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90176 016 ***150.00

DOCUMENT # P97000062933

1. Entity Name
DELI DELIGHTS INC.



Principal Place of Business
**304 US1
NORTH PALM BEACH FL 33408**

Mailing Address
**304 US1
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

10922 159 CT N.

Suite, Apt. #, etc.

Jupiter Fla

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0774462**

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

**MILAZZO, SHELLY
304 US1
NORTH PALM BEACH FL 33408**

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
10922 159 CT N.
Jupiter
Fla
FL Zip Code
33478

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MILAZZO, SHELLY	
STREET ADDRESS	304 US1	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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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: **SHELLY MILAZZO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 **5618485082**
Date Daytime Phone #

CR2E034 (10/02)