

2001 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # P98000031188

FILED

01 NOV -5 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Saez Delivery, Inc

Principal Place of Business

Mailing Address

914 Monroe Harbor Place
Sanford, FL 32773

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3502295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rafael Saez
914 Monroe Harbor Place
Sanford, FL 32773

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Saez, Rafael
STREET ADDRESS: 914 Monroe Harbor Place
CITY-STATE-ZIP: Sanford, FL 32773 ☐ Delete

TITLE: Vice-President
NAME: Saez, Saray E.
STREET ADDRESS: 914 Monroe Harbor Place
CITY-STATE-ZIP: Sanford, FL 32773 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
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NAME:
STREET ADDRESS: 600004698426--0
CITY-STATE-ZIP: -11/29/01--01056--001
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE:
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NAME:
STREET ADDRESS:
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)(c), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

10/22/01

President

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICIAL TITLE

2

SAEZ DELIVERY, INC
DOC. # P98000031188

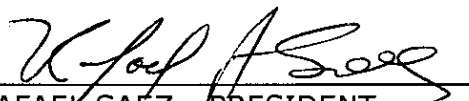
OCTOBER 22, 2001

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

~~PLEASE WAIVE ME THE REINSTATEMENT FEE FOR NOT FILING MY~~
UNIFORM BUSINESS REPORT ON TIME. I HAD NOT PAID BECAUSE I DID
NOT RECEIVED THE UNIFORM REPORT.

THANK YOU FOR YOUR ATTENTION,


RAFAEL SAEZ - PRESIDENT