

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092963

1. Entity Name

MR. DELIVERY OF MIAMI-DADE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90290 025 ***150.00

Principal Place of Business

13615 SOUTH DIXIE HIGHWAY
SUITE 444
MIAMI FL 33176

Mailing Address

13615 SOUTH DIXIE HIGHWAY
SUITE 444
MIAMI FL 33176-7254

2. Principal Place of Business

6801 NW 77 Ave
Suite, Apt. #, etc.
311

3. Mailing Address

6801 NW 77 Ave
Suite, Apt. #, etc.
311



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33166
Zip Country
33166 US

City & State

Miami, FL
Zip Country
33166 US

4. FEI Number

65-0873048

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RAMOS, ANGEL R
13615 SOUTH DIXIE HIGHWAY
MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/28/00

Date

(305)266-7678

Daytime Phone #

CR2E034 (9/99)