

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98 000097675**

1. Entity Name  
**Delicious Treats**

FILED  
00 JUN 30 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
B0099992

Principal Place of Business Mailing Address

2. Principal Place of Business **3351 S. Palm Aire Dr.** 3. Mailing Address **3351 S. Palm Aire Dr.**

Suite, Apt. #, etc. **#410** Suite, Apt. #, etc. **#410**

City & State **Pompano Beach FL** City & State **Pompano Beach FL**

Zip **33069** Country **USA** Zip **33069** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Juliana Aguilino**  
**3961 N. Federal Hwy**  
**Pompano Beach, FL 33064**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. **Juliana Aguilino**

(NOTE: Registered Agent signature required when reinstating)

DATE **04/30/00**

8. 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME <b>PEREIRA</b>	<input type="checkbox"/> Delete	TITLE <b>PEREIRA SILVA, REINALDO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3351 S. Palm Aire Dr. #410</b>		STREET ADDRESS <b>3351 S. Palm Aire Dr. #410</b>	
CITY-STATE-ZIP <b>Pompano Beach - FL 33069</b>		CITY-STATE-ZIP <b>Pompano Beach - FL 33069</b>	
NAME <b>RODRIGUES - SILVA, IZABEL</b>	<input type="checkbox"/> Delete	TITLE <b>RODRIGUES - SILVA, IZABEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3351 S. Palm Aire Dr. #410</b>		STREET ADDRESS <b>3351 S. Palm Aire Dr. #410</b>	
CITY-STATE-ZIP <b>Pompano Beach - FL 33069</b>		CITY-STATE-ZIP <b>Pompano Beach - FL 33069</b>	
NAME <b>0000003328370--6</b>	<input type="checkbox"/> Delete	TITLE <b>0000003328370--6</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>-07/19/00--01091--010</b>		STREET ADDRESS <b>-07/19/00--01091--010</b>	
CITY-STATE-ZIP <b>****150.00 ****150.00</b>		CITY-STATE-ZIP <b>****150.00 ****150.00</b>	
NAME <b>0000003328370--6</b>	<input type="checkbox"/> Delete	TITLE <b>0000003328370--6</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>-07/19/00--01091--011</b>		STREET ADDRESS <b>-07/19/00--01091--011</b>	
CITY-STATE-ZIP <b>****150.00 ****150.00</b>		CITY-STATE-ZIP <b>****150.00 ****150.00</b>	
NAME <b>SP</b>	<input type="checkbox"/> Delete	TITLE <b>SP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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 **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/30/00** Daytime Phone # **954**

CR2E034 (9/99)