

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90049 007 ***150.00

DOCUMENT # P99000010718

1. Entity Name

HOME DELIVERY SERVICES, INC.

Principal Place of Business

Mailing Address

707 CRANDON BLVD. #508
 KEY BISCAIYNE FL 33149

707 CRANDON BLVD. #508
 KEY BISCAIYNE FL 33149-2585

00001494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

545 Glenridge Road
 Suite, Apt. #, etc.

3. Mailing Address

545 Glenridge Road
 Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLALEK, STEPHANIE
707 CRANDON BLVD. #508
KEY BISCAIYNE FL 33149

7. Name and Address of New Registered Agent

Name **Bialek, Stephanie**

Street Address (P.O. Box Number is Not Acceptable)

545 Glenridge Road

City

Key Biscayne

FL

Zip Code

33149

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

TITLE **President** ☐ Delete
 NAME **Stephanie Bialek**
 STREET ADDRESS **545 Glenridge Road**
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephanie Bialek

Date

Daytime Phone #

X 2/10/2000 x 3053651009

CR2E034 (9/99)