FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 13, 2000 8:00 am Secretary of State DOCUMENT # P99000025397 Accor Delivery Services 07-13-2000 90350 001 ***168.75 07-13-2000 90350 002 ***400.00 Mailing Address Principal Place of Business 3541 NW Terrace 18372 anderdale lakes ふるろのり 2. Principal Place of Business 3. Mailing Address 33 Tarrace 3541 3541 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 9/27 44 Applied For City & State Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) Change ☐ Addition TITLE Drosident ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u> プスラッ</u>ぐ ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY_ST_ZIP_ CITY ST-ZIP ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐\ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Davtime Phone #

5/15/00

DDRESS

CORPORATE DETAIL RECORD SCREEN

4:05 PM

UM: P99000025397 ST:FL ACTIVE/FL PROFIT

FLD: 03/15/1999

: AECON DELIVERY SERVICES, INC.

RINCIPAL: 3541 N.W. 33RD TERRACE

LAUDERDALE LAKES, FL 33309

A NAME : SAINVIL, PRECIUS

(ALADDR: 1.3541-N.W.-33RD TERRACE-11-11-1

LAUDERDALE LAKES, FL 33309 US

MH REP : * NONE FILED *

5/15/00

OFFICER/DIRECTOR DETAIL SCREEN

4:05 PM

ORP NUMBER: P99000025397 CORP NAME: AECON DELIVERY SERVICES, INC.

IILE: D

NAME: SAINVIL, PRECIUS

3541 N.W. 33RD TERRACE

LAUDERDALE LAKES, FL 33309

To whom this may concern,

Hot I still beven't received my
reviewal form, from your guys yet.