

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

06-12-2002 90240 004 \*\*\*158.75

DOCUMENT # **P99000025397**

1. Entity Name

**Aecon Delway Services Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3541 NW 33 Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**3541 NW 33 Terrace**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL**

Zip **33309**

Country

**USA**

Zip

**33309**

Country

**USA**

4. FEI Number

**65-0912744**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Precious Samvil**

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

**3541 NW 33 RD Terrace**

City

**Ft. Lauderdale Lakes**

**FL**

Zip Code

**33309**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Precious Samvil**  
NAME **3541 NW 33 RD Terrace**  
STREET ADDRESS  
CITY-ST-ZIP **Ft. Lauderdale Lakes FL 33309**

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



*Attachment*  
*39057*  
  
**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State

May 9, 2002

AECON DELIVERY SERVICES, INC.  
3541 N.W. 33RD TERRACE  
LAUDERDALE LAKES, FL 33309

SUBJECT: AECON DELIVERY SERVICES, INC.  
Ref. Number: P99000025397

We have received your document for AECON DELIVERY SERVICES, INC. and check(s) totaling \$158.75. However, your check(s) and document are being returned for the following:  
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 402A00029239