

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90007 031 ***150.00

DOCUMENT # P99000031814

1. Entity Name
MARC DELIVERIES, INC.

Principal Place of Business Mailing Address
218 BRISTOL CIRCLE **218 BRISTOL CIRCLE**
SANFORD FL 32773 **SANFORD FL 32773-7347**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1223 WINDRIDGE CIRCLE **1223 WINDRIDGE CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SANFORD, FLORIDA **SANFORD, FLORIDA**

Zip Country Zip Country
32773 **USA** **32773-4871** **USA**

4. FEI Number Applied For
593-56-6649 Not Applicable

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

6. Name and Address of Current Registered Agent
CASTRO, MARIO R
218 BRISTOL CIRCLE
SANFORD FL 32773

7. Name and Address of New Registered Agent
 Name **ROVAYO, MARIO A.**
 Street Address (P.O. Box Number is Not Acceptable)
1223 WINDRIDGE CIRCLE
 City **SANFORD** FL Zip Code **32773-4871**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROVAYO, MARIO 218 BRISTOL CIRCLE SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROVAYO, SENIA 218 BRISTOL CIRCLE SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROVAYO, MARIO 1223 WINDRIDGE CIR. SANFORD, FL, 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROVAYO, SENIA 1223 WINDRIDGE CIR. SANFORD, FL, 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mario Rovayo DATE: 04/20/2000 DAYTIME PHONE #: (407) 302 1775

CR2E034 (9/99)