## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000036299

1. Entity Name

J R DELIVERY CORP.

## FILED Feb 05, 2000 8:00 am Secretary of State

Principal Place of Business						02-05-2000 90026 03	8 ***150.00	
2. Principal Place of Business   3. Mail ing Address    Suite, Apr. 8, etc.   Suite, Apr. 8, etc.   Suite, Apr. 8, etc.   Do NOT WRITE IN THIS SPACE  City & State   Country   Zip   Country   S. Certificate of Statutu Desired   S8.7 S Additional    For Plaquette   S. Certificate of Statutu Desired   S8.7 S Additional    For Plaquette   S. Certificate of Statutu Desired   S8.7 S Additional    For Plaquette   S. Certificate of Statutu Desired   S8.7 S Additional    For Plaquette   See Plaquette   S8.7 S Additional    For Plaquette   See Plaquette   S8.7 S Additional    For Plaquette   See Plaquette   S8.7 S Additional    For Plaquette	Principal Place	e of Business	Mailing Address	<del>-</del>				
Suite, Apt 4, etc.  Suite, Apt 5, etc.  Do NOI Writte IN THIS SPACE  City & State  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  8. The above named address of Current Registered Agent  Name  ARTINEZ, ROBERTO  5984 S.W. 6TH ST.  MIMMI FL 33144  City  FL  Zip Code  Surent Address (P.O. Sox Number is Not Acceptable)  Surent Address (P.O. Sox Number is Not Acceptable)  Surent Address (P.O. Sox Number is Not Acceptable)  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registeror of office or registeror agent, or both, in the State of Ficidia.  SIGNATURE  8. This corporation is eligible to satisfy its Intengible Tasking requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Tasking requirement and elects to do so.  Make Check Payable to Department of State  MARTINEZ, ROBERTO  SIVERI ADMISS.  DESTINATIONS  DESTINATIONS  B. This corporation is eligible to satisfy its Intengible Tasking requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Trust Flux Flux Flux Flux Flux Flux Flux Flux			·		1			
Suite, Apt 4, etc.  Suite, Apt 5, etc.  Do NOI Writte IN THIS SPACE  City & State  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  8. The above named address of Current Registered Agent  Name  ARTINEZ, ROBERTO  5984 S.W. 6TH ST.  MIMMI FL 33144  City  FL  Zip Code  Surent Address (P.O. Sox Number is Not Acceptable)  Surent Address (P.O. Sox Number is Not Acceptable)  Surent Address (P.O. Sox Number is Not Acceptable)  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registeror of office or registeror agent, or both, in the State of Ficidia.  SIGNATURE  8. This corporation is eligible to satisfy its Intengible Tasking requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Tasking requirement and elects to do so.  Make Check Payable to Department of State  MARTINEZ, ROBERTO  SIVERI ADMISS.  DESTINATIONS  DESTINATIONS  B. This corporation is eligible to satisfy its Intengible Tasking requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Trust Flux Flux Flux Flux Flux Flux Flux Flux						A ARBAMANA KAN ARAWA KANTA ARAWA ARAWA MANAKA	#188 51118 B1118 11819 18	11 <b>0</b> 1811 1881
City & State  Country  Country  S. Certificate of States Desired S. S. 75, Aurena and Address of Oursent Registered Agent  RARTINEZ, ROBERTO S984 S.W. 6TH ST. MIAMI FL 33144  City  City  FL  Zip Code  R. The above named cnt'y submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forcia.  SIGNATURE  9. This corporation is eligible to earisty its Inlang ble Tax filting requirement and elects to do so Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  S984 S.W. 6TH ST.  Date  MARTINEZ, ROBERTO S984 S.W. 6TH ST.  Date  Date  MARTINEZ, ROBERTO S984 S.W. 6TH ST.  Date	2. Principal Place of Business		3. Mailing Address					
Zip   Country   Zip   Country   S. Certificator of Status Desired   S8.75 Additional reversitional   S8.75 Additional reversitional reversition   See Reception   S. Certificator of Status Desired   S8.75 Additional reversition   See Reception   See Rec	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE	
Special Country   Special Co	City & State		City & State		<b>4.</b> F	El Number 65 - 09 14/2	63   Ap	
MARTINEZ, ROBERTO 5984 S.W. 6TH ST. MIAMI FL 33144  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 Ficrida.  SIGNATURE  Spalurs, year or preser name of registered signary and the 4 aprovable (NOTE Registered Agent Spalurs) year or preservation is eligible to satisfy its Intangible National Properties of the State of Ficrida.  9. This corporation is eligible to satisfy its Intangible National Properties of the State of Ficrida.  9. This corporation is eligible to satisfy its Intangible National Properties of the Acceptance of the Acceptanc	Zip	Country	Zip	Country	5. (		1 <b>\$8.75</b> Add	
MARTINEZ, ROBERTO 5984 S.W. 6TH ST. MIAMI FL 33144    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		7. 1	lame and Address of New Registe	ered Agent	
Signature   Signat		<u>.</u>	The second of th	- Name			4- <del>-</del>	•
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 Ficrica.  SIGNATURE    Signature, typed or profetor frame of registered agent and site (4 applicable)   (NOTE: Registered Agent a Cynthilis received where interfaint)   DATE				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE  Signature to the purpose of changing its registered agent. or both, in the State of Florida.  SIGNATURE  Signature, typerd or printed rame of registered agent and the if applicable in the State of Florida is eligible to satisfy its intenglible agent and the if applicable in the State of State in the State of Florida.  Signature the state of the Sprature than of registered agent and the if applicable in the State of the Sprature than of the Sprature than of State in the Sprature than of Sprature than of State in the Sprature than of	MAIM	AI FL 33144						
SIGNATURE Signature, typekd or printed name of registered apent and side all approaches (MOTE Registered Apent signature required when reintesting)  9. This corporation is eligible to satisfy its Intangible (See ortieria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17  TITLE  D MARTINEZ, ROBERTO  5984 S.W. 6TH ST.  MAMI FL 33144  TITLE  D D Delete  MILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TOTAL  Delete  TITLE  D DELETE  D Delete  TITLE  D DELETE  D D	li.			City			FL Zip Code	9
Signatus, special printed registrated agent activated application is eligible to satisfy its Intangible Task filting requirement and elects to do so. Marker MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$55	8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or reg	istered age	ent, or both, in the State of Florida.		
B. This corporation is eligible to satisfy its Intangible task filing requirement and elects to do so (See oritheria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D	SIGNATURE .					. 1		
After MAY 1, 2000 Fee will be \$550.00 (See orlieria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payabit to Department of State  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees Add		Signature, typed or printed name of registered agent		<del></del>	equired when re	instating) [	DAIE .	
11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE   MARTINEZ, ROBERTO   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   DRAWN GTH ST.   STREET ADDRESS   CITY-ST-ZIP    TITLE   HRNANDEZ, JULIO A   TSPECT ADDRESS   CITY-ST-ZIP    TITLE   HRNANDEZ, JULIO A   TSPECT ADDRESS   CITY-ST-ZIP    TITLE   DRAWN GTH ST.   GREET ADDRESS   GITY-ST-ZIP    TITLE   MAME   STREET ADDRESS   GITY-ST-ZIP    TITLE   M	Tax filing requirement and elects to do so. After MAY			0 Fee will be \$550.			~ ~~.~	
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I nereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE: \_