

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036299

1. Entity Name

J R DELIVERY CORP.

Principal Place of Business

5984 S.W. 6TH ST.
MIAMI FL 33144

Mailing Address

5984 S.W. 6TH ST.
MIAMI FL 33144

2. Principal Place of Business

2835 SW 102ND AVE

Suite, Apt. #, etc.

3. Mailing Address

2835 SW 102 AVE

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33165

Country

Zip

33165

Country

4. FEI Number

65-0914263

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ROBERTO
5984 S.W. 6TH ST.
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name Roberto Martinez

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

2835 SW 102 AVE

City

Miami

FL

Zip Code

33165

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

Roberto Martinez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/25/01
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, 2001 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 ☐ Delete
NAME **D MARTINEZ, ROBERTO**
STREET ADDRESS **5984 S.W. 6TH ST.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Martinez Roberto
STREET ADDRESS 2835 SW 102nd Ave
CITY-ST-ZIP Miami, FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Roberto Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/01
Date

305-221-709-
Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90324 018 ***150.00

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DO NOT WRITE IN THIS SPACE