2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900050395 **DOCUMENT #**

1. Entity Name



Mar 04, 2003 8:00 am § Secretary of State

FILED

INIDEI	INTERNATIONAL DELIVER	y enterprises, inc	C. (03-04-2003 90	0078 004 *** 130	<i>3.</i> 00	
Principal Place of Business 4341 NORTHEAST 139TH LANE 4341 NORTHEAST 139TH LANE ANTHONY FL 32617 ANTHONY FL 32617			LANE					
			•					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta		City & State		4.	FEI Number 59-3579349		Applied For Not Applicable	7
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ac	dditional	1
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Reg	istered Agent		7
SDIEGE	2 LITOCOA DA:		Name					7
	& UTRERA, P.A:	್ಳ ಕ್ರಾಚಾಸ್ಥಿಕ	Street Add	dress (P.O. E	Box Number is Not Acceptable)		<u></u>	-
	ERIA AVENUE				ook Hember 15 (Vol. Acceptable)			
CORAL G	ABLES FL 33134							7
j.			City			FL Zip Cod		1
 The above the obligation 	e named entity submits this statement fo ations of registered agent.	or the purpose of changing its	registered office or re	egistered ag	ent, or both, in the State of Florid	la. I am familiar with	, and accept	1
SIGNATURE	Signature, typed or printed name of registered agent							
		and title if applicable. (NOTE	E: Registered Agent signature	required when re	einstating)	DATE		ŀ
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	1			9. Election Campaign Finan-	oine OF		7
Make Chec	k Payable to Florida Department of					^{cmg} _ Ֆ 5.(DO May Be	Ĺ
		i State 🖟			Trust Fund Contribution.	☐ Adde	d to Fees	1
		w				☐ Adde	d to Fees	
10.	OFFICERS AND	DIRECTORS	11,	AD	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE	Adde	d to Fees	
	OFFICERS AND	w	TITLE	AD		☐ Adde	d to Fees	
10. TITLE	OFFICERS AND PTD GREEN, SCOTT R 4341 NORTHEAST 139TH LANE	DIRECTORS	TITLE NAME	AD		Adde	d to Fees	10/05/
10. TITLE NAME	OFFICERS AND PTD GREEN, SCOTT R	DIRECTORS	TITLE	AD		Adde	d to Fees	024 (40/00)
TITLE NAME STREET ADDRESS	OFFICERS AND PTD GREEN, SCOTT R 4341 NORTHEAST 139TH LANE	DIRECTORS Delete	TITLE NAME STREET ADDRESS	AD		□ Adde	of to Fees SIN 11 Addition	20E024 (40/09)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PTD GREEN, SCOTT R 4341 NORTHEAST 139TH LANE	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD		Adde	d to Fees	CB9E034 (10/09)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PTD GREEN, SCOTT R 4341 NORTHEAST 139TH LANE	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD		□ Adde	of to Fees SIN 11 Addition	CB2E034 (40/09)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PTD GREEN, SCOTT R 4341 NORTHEAST 139TH LANE	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AD		□ Adde	of to Fees SIN 11 Addition	CB2E034 (10/09)
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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 changed, or on an attachment with an address, with all other like proposers.

SIGNATURE:

runted SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR