**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

## **DOCUMENT #**

P99000092180

JAMIÉ DELIVERY, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90205 009 \*\*\*150.00

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Principal Place of Business 2500 NW 29 MANOR POMPANO BEACH FL 33069			3540 B	Mailing Address 3540 BANKS RD #105 MARGATE FL 33063				5. Labellari ila (bila 1841) abili abil	M <b>88</b> M <b>87</b> M <b>8</b>	::: <b>::</b> :::::::::::::::::::::::::::::::	1 ( <b>8</b> 17) <b>44</b> 7) 188)	
Principal Place of Business 3. Mailing Address							-					
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City & State			City	City & State				☐ CHECK HERE IF MAKING CHANGES				
			City	City a state				FEI Number <b>65-0953852</b>			opplied For lot Applicable	
Zip Country		Country	Zip Cou		Cour	ntry	5.	5. Certificate of Status Desired S8.75 Ac Fee Requir				
	6. Name	and Address of Cur	rent Registered	J Agent			7.	Name and Address of New R		•		
KONG, LAURIE				Name								
•	KS RD #10	ıς.		Street Address			(P.O. E	(P.O. Box Number is Not Acceptable)				
	FL 33063	J						<del>771</del>			-	
						City		<del></del>		T -7: 0		
8. The above	named entity	submits this stateme	ent for the nurso	se of changing its	register	1 1	arad ac	gent, or both, in the State of Flo	FL	Zip Cod		
the obliga	tions of regist	ered agent.	ant for the purpo	sc of Granging its	register	ed office of registe	ereo aç	gent, or both, in the State of Flo	rida. Tam fa	.miliar with,	, and accept	
SIGNATURE		or printed name of registered :	nearly and title if an alle	able MOT								
<u> </u>	<del></del>		agent and title it applic	able. (NOTE	: Hegistere	d Agent signature require	ed when r	reinstating)	DATE		·	
•		! FEE IS \$150.00  3 Fee will be \$550	.00					9. Election Campaign Fina		\$5.0	00 May Be	
Make Chec	k Payable to	Florida Departme	nt of State					Trust Fund Contribution	ı. 🗀	Added	d to Fees	
10.	In	OFFICERS A	AND DIRECTOR		11.		AE	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
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indicated on this report or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.