

01/02

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

DOCUMENT # **P99000097310**

1. Entity Name

The World Delivery Service, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

508 South Royal Poinciana Blvd

3. Mailing Address

Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami springs FL

City & State

Zip

33166

Country

Zip

Country

4. FEI Number

65-0959187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Rivero Humberto

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

508 South Royal Poinciana Blvd

City

miami springs

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and take if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LS

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PSTD
Rivero Humberto
3476 NW 2nd Terrace
Miami FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**World Delivery Serv
NEVER RECEIVED A
FORM FOR UNIFORM
BUSINESS REPORT
FROM YEAR 2000.
WE HAD TO REQUEST
ONE FROM OUR ACCOUN
TING. THANK YOU**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V.M.
Eglis Leyva
508 South Royal Poinciana Blvd
Miami Springs FL 33166**

TITLE
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CITY-ST-ZIP

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******150.00 ****150.00**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUMBERTO RIVERO

Date

Daytime Phone #

1-11-02 315)345.1964

CR2E034B (12/01)