

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90014 003 ***558.75

DOCUMENT # 421858

1. Entity Name
DELTA SURVEYORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

15205 SW 137TH AVENUE 12888 SW 53RD ST
 225 MIAMI FL 33175
 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address
13205 SW 137 Ave #225 *13205 SW 137 Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.
225 *225*

City & State City & State
Miami FL *Miami FL*

4. FEI Number **59-2146265** Applied For
 Not Applicable

Zip Country Zip Country
33186 USA *33186 USA*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAEZ, WALDO
 12888 SW 53RD ST
 MIAMI FL 33175

Name
 Street Address (P.O. Box Number is Not Acceptable)
13205 SW 137 Ave #225
 City *Miami* FL Zip Code *33186*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | PAEZ, WALDO |
| STREET ADDRESS | 12888 SW 53RD ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | VPST <input type="checkbox"/> Delete |
| NAME | PAEZ, MILAGROS |
| STREET ADDRESS | 12888 S.W. 53RD STREET |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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: *Milagros Paez* **SIGNATURE REQUIRED** *83002* *305-223-0909*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)