

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F79664**

1. Entity Name

DELPA INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90072 001 ****79.38

04-04-2000 90072 002 ****79.37

Principal Place of Business

Mailing Address

P.O. BOX 14-5276

P.O. BOX 14-5276

CORAL GABLES FL 33114-5276

CORAL GABLES FL 33255-7968

2. Principal Place of Business

P.O. Box 557968

3. Mailing Address

P.O. Box 557968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33255

Country

USA

Zip

33255

Country

USA

4. FEI Number

59-2184501

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, ALBERT E
12260 SW 10 TERR
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **PD** ☐ Delete
NAME **CABRERA, ALVARO M.**
STREET ADDRESS **1332 ASTURIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VST** ☐ Delete
NAME **CABRERA, JACQUELINE M.**
STREET ADDRESS **1332 ASTURIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/00

Date

(305) 667-3212

Daytime Phone #

CR2E034 (9/99)