2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G62924

1. Entity Name

D.E.L., INC.
C/O CHURBA

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90015 036 ***150.00

Principal Place of Business	Mailing Address
1700 N.W. 95TH AVE. PLANTATION FL 33322	1700 N.W. 95TH AVE. PLANTATION FL 33322-5609

2. Principal Place of Business	3. Mailing Address
1900 South Ocean Blvd.	1900 South Ocean Blvd.
Suite, Apt. #, etc. #12J	Suite, Apt. #, etc. #12J
City & State Pompano Beach, Fl.	City & State Pompano Beach, Fl.
Zip 33062 Country US	Zip 33062 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2416755 ☐ Applied For ☐ Not Applicable

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
PERLER, DENISE C. 1700 NW 95TH AVE PLANTATION FL 33322	Name: Denise Churba Street Address (P.O. Box Number is Not Acceptable): 1900 South Ocean Blvd. #12J City: Pompano Beach, FL Zip Code 33062

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] 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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PERLER, DENISE C 1700 N.W. 95TH AVE. PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Denise Churba 1900 South Ocean Blvd., #12J Pompano Beach, Fl. 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/6/00 954-295-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)