

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002023**

1. Entity Name  
**DELTA, L.L.C.**

FILED

01 MAY 14 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156**

Mailing Address  
**9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**536 BILTMORE WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**506 BILTMORE WAY**  
Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FLORIDA**  
Zip **33134** Country **U.S.A.**

City & State  
**CORAL GABLES, FLORIDA**  
Zip **33134** Country **U.S.A.**

4. FEI Number  
**65-0983886**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.**  
**9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Andrew Cuevas Esp**  
Street Address (P.O. Box Number is Not Acceptable)  
**536 Biltmore Way**  
City **Coral Gables FL** Zip Code **33134**

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 *Andrew Cuevas*

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

(NOTE: Registered Agent signature required when reinstating)

**800004418548-0**  
**-06/14/01--01002--010**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DELTACARIGUA, S.R.L. 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PINNA, PIETRO 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PINNA, AMELIA 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DELTACARIGUA, S.R.L. 536 Biltmore Way Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PINNA, PIETRO 536 Biltmore Way Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PINNA, AMELIA 536 Biltmore Way Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X* **SIGNATURE REQUIRED**

5/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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