

2004

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

**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90199 020 ***150.00

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|---|---|---------------------------|---|---|-----------------------------------|--|--|
| DOCUMENT # P93000066161 | | | | | | | |
| 1. Entity Name Delcop, Inc. | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | |
| 2. Principal Place of Business 7661 N.W. 68th St. | | | 3. Mailing Address 7661 N.W. 68th St. | | | | |
| Suite: Apt: #: etc. Unit 115 | | | Suite: Apt: #: etc. Unit 115 | | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 65-0437695 | | | |
| Zip 33166 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| DO NOT WRITE IN THIS SPACE | | | 7. Name and Address of Current Registered Agent | | | | |
| | | | Name Manuel R. del Valle | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St. | | | | |
| | | | Suite 761 | | | | |
| City Miami | | | FL | | Zip Code 33126 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/P/T: de Luca, Carmelo 8050 N.W. 10th St., Apt. 8 Miami, FL 33126 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/VP: de Luca, Vicente 8050 N.W. 10th St., Apt. 8 Miami, FL 33126 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/S de Luca, Ernesto 8050 N.W. 10th St., Apt. 8 Miami, FL 33126 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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| 12. 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 10 or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>Carmelo De Luca</i> Carmelo de Luca | | | | 305-889-1191 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | | | |
| | | | | <small>Daytime Phone #</small> | | | |

CR2E034B (12/02)