

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90221 045 ***550.00

DOCUMENT # P95000075779

1. Entity Name
DELTA HOLDINGS, INC.

Principal Place of Business

~~160 WEST 38TH STREET~~
~~MIAMI FL~~

Mailing Address

~~160 WEST 38TH STREET~~
~~MIAMI FL~~

2. Principal Place of Business

8004 NW 154 St
 Suite, Apt. #, etc.
Suite 193

3. Mailing Address

8004 NW 154 St
 Suite, Apt. #, etc.
Suite 193

City & State
Miami Lakes FL

City & State
Miami Lakes FL

Zip Country
33016 USA

Zip Country
33016 USA

4. FEI Number **65-0637709**

Applied For...
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL VALLE, JOSE
~~160 WEST 38TH STREET~~
~~MIAMI FL~~

7. Name and Address of New Registered Agent

Name **Jose D. Del Valle**
 Street Address (P.O. Box Number is Not Acceptable)
8004 NW 154 St Suite #193
 City **MIAMI LAKES FL** Zip Code **33016**

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  DATE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 **D** Delete
 NAME **QUINTANA, JULIO**
 STREET ADDRESS ~~160 W 38TH STREET~~
 CITY-ST-ZIP ~~MIAMI FL~~

TITLE **TRACU REP** Change Addition
 NAME **QUINTANA, JULIO**
 STREET ADDRESS **8004 NW 154 St #193**
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **D** Delete
 NAME **DEL VALLE, JOSE**
 STREET ADDRESS ~~160 WEST 38TH ST.~~
 CITY-ST-ZIP ~~MIAMI FL 33019~~

TITLE **PRESIDENT** Change Addition
 NAME **DEL VALLE, JOSE**
 STREET ADDRESS **8004 NW 154 St #193**
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)