

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 036 ***150.00

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DOCUMENT # P96000020139

1. Entity Name
A DELGADO REALTY GROUP, INC.



Principal Place of Business
**1897 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409
US**

Mailing Address
~~5652 EAGLE LAKE DR~~
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business

3. Mailing Address
4136 BEECH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH GARDENS

4. FEI Number **65-0652835**

Applied For
Not Applicable

Zip

Country

Zip

33410

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELGADO, ANNIE
5652 EAGLE LAKE DR
PALM BEACH GARDENS FL 33410**

Name **ANNIE MARIE DELGADO**

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

4136 BEECH AVENUE

City **PALM BEACH GARDENS FL** Zip Code **33410**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4-25-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DELGADO, ANNIE M.**
STREET ADDRESS **5652 EAGLE LAKE DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **P** ☐ Change ☐ Addition
NAME **DELGADO, ANNIE MARIE**
STREET ADDRESS **4136 BEECH AVENUE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 (561)
626-6070

Date

Daytime Phone #

CR2E034 (10/02)