

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90064 035 \*\*\*150.00

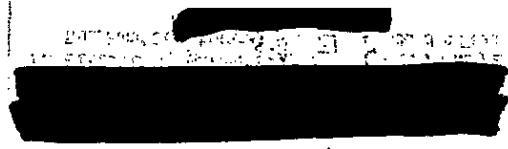
DOCUMENT # P99000009626

1. Entity Name  
**DELTA RESOURCES CORP.**

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Principal Place of Business 3300 NW 27TH AVENUE POMPANO BEACH FL 33069	Mailing Address 3300 NW 27TH AVENUE POMPANO BEACH FL 33069-1066
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2. Principal Place of Business 2075 N. Powerline Road Suite, Apt. #, etc.	3. Mailing Address 2075 N. Powerline Road Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE-

City & State Pompano Beach, FL	City & State Pompano Beach, FL	4. FFI Number 63-0891249	Applied For Not Applicable
Zip 33069	Country USA	Zip 33069	Country USA

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: **Patrick F. Marzano**  
Street Address (P.O. Box Number is Not Acceptable):  
**2075 N. Powerline Road**  
City: **Pompano Beach** FL Zip Code: **33069**

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: *Patrick F. Marzano*  
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.

**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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Patrick F. Marzano</b>
STREET ADDRESS		STREET ADDRESS	<b>2075 N. Powerline Road</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Charles D. Greene</b>
STREET ADDRESS		STREET ADDRESS	<b>2075 N. Powerline Road</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Thomas R. Roberts</b>
STREET ADDRESS		STREET ADDRESS	<b>2075 N. Powerline Road</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Michael C. Marzano</b>
STREET ADDRESS		STREET ADDRESS	<b>2075 N. Powerline Road</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, trustee, or other person 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 files empowered.

SIGNATURE: *Patrick F. Marzano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
Daytime Phone #