

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90013 011 \*\*\*150.00

**DOCUMENT # P99000009626**

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

Principal Place of Business <b>2075 N POWERLINE ROAD          POMPANO BEACH FL 33069          US</b>	Mailing Address <b>2075 N POWERLINE ROAD          POMPANO BEACH FL 33069          US</b>
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AU056041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0891249**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

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 \$150.00**  
**After MAY 1, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARZANO, PATRICK F</b> <b>2075 N POWERLINE ROAD</b> <b>POMPANO BEACH FL 33069</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GREENE, CHARLES D</b> <b>2075 N POWERLINE ROAD</b> <b>POMPANO BEACH FL 33069</b>	<input checked="" type="checkbox"/> Delete	<i>See attached</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERTS, THOMAS R</b> <b>2075 N POWERLINE ROAD</b> <b>POMPANO BEACH FL 33069</b>	<input checked="" type="checkbox"/> Delete	<i>See attached</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARZANO, MICHAEL C</b> <b>2075 N POWERLINE ROAD</b> <b>POMPANO BEACH FL 33069</b>	<input checked="" type="checkbox"/> Delete	<i>See attached</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied in 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 reports 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 of the same, or am authorized 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 information.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/7/01** Daytime Phone #: **954-974-3800**

CR2E034 (10/00)

Attachment  
of 19900009609  
A0032841

## Executive Officers

Phillip Foreman, President  
2075 N. Powerline Road  
Pompano Beach, FL 33069

Thomas R. Roberts, Vice President  
2075 N. Powerline Road  
Pompano Beach, FL 33069

Michael C. Marzano, Treasurer, Assistant Secretary  
2075 N. Powerline Road  
Pompano Beach, FL 33069

Angelo Marzano, Secretary  
2075 N. Powerline Road  
Pompano Beach, FL 33069