

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016118

1. Entity Name

DELPHI SYSTEMS, INC.

Principal Place of Business

4792 N.W. 120 DRIVE
CORAL SPRINGS FL 33076

Mailing Address

4792 N.W. 120 DRIVE
CORAL SPRINGS FL 33076

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KADEL, KIRAN L
450 N.W. 135 TERR. #104
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

DEVALARAJU, KIRAN L

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

4792 NW 120 DR

~~60000~~

City

CORAL SPRINGS

FL

Zip Code

33076

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

[Signature]

PRESIDENT

4/25/01

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 \$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

TITLE D
NAME DEVALARAJU, KIRAN L
STREET ADDRESS 4792 NW 120 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ Delete

TITLE D
NAME DEVALARAJU, GOPALA K
STREET ADDRESS 4792 NW 120 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOPALA DEVALARAJU

4/25/01

Date

954-340-1673

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)