

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90073 017 ***150.00

DOCUMENT # K22407

1. Entity Name
DELTA PLUS MANAGEMENT SERVICES, INC.

Principal Place of Business

815 N. W. 57TH AVE.
STE 110
MIAMI FL 33126

Mailing Address

815 N. W. 57TH AVE.
STE 110
MIAMI FL 33126

2. Principal Place of Business

815 NW 57TH AVENUE
SUITE 145

3. Mailing Address

815 NW 57TH AVENUE
SUITE 145

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0049865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DIAZ, DELFIN J.
1031 MATANZAS AVE.
CORAL GABLES FL 33146

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, 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	DIAZ, DELFIN J.	
STREET ADDRESS	1031 MATANZAS AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, ESPERANZA P.	
STREET ADDRESS	1031 MATANZAS AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, CHRISTINA M.	
STREET ADDRESS	1030 MATANZAS AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, HOPE M	
STREET ADDRESS	1031 MATANZAS AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

DAVID J. DIAZ

3/1/2002

305-264 4212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)