

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91017 013 ***150.00

DOCUMENT # P93000066161

1. Entity Name

Delcop, INC.

DO NOT WRITE IN THIS SPACE**10046738**

2. Principal Place of Business

7661 N.W. 68th St.

Suite, Apt. #, etc.

Unit 115

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Address

7661 N.W. 68th St.

Suite, Apt. #, etc.

Unit 115

City & State

Miami, FL

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0437695

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Manuel R. del Valle

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

7270 N.W. 12th St.

Suite 761

City

Miami

FL

Zip Code
33126

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

Manuel R. del Valle

2/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D/P/T
NAME	de Luca, Carmelo
STREET ADDRESS	8050 N.W. 10th St., Apt. 8
CITY - ST - ZIP	Miami, FL 33126

TITLE	D/VP
NAME	de Luca, Vicente
STREET ADDRESS	8050 N.W. 10th St., Apt. 8
CITY - ST - ZIP	Miami, FL 33126

TITLE	D/S
NAME	de Luca, Ernesto
STREET ADDRESS	8050 N.W. 10th St., Apt. 8
CITY - ST - ZIP	Miami, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other the empowered.

SIGNATURE:

Carmelo de Luca

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-03 305-889-1191