2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90160 021 ***150.00

C0026380

DO NOT WRITE IN THIS SPACE

DOCUMENT # 382622

1. Entity Name

DELWOOD MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
[illegible] 3RD AVE BEACH FL 33004	P.O. BOX 573 DANIA BEACH FL 33004-0573

2. Principal Place of Business	3. Mailing Address
204 MAPLE TER.	204 MAPLE TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL.	City & State: DAVIE, FL.
Zip: 33325 Country: BROWARD	Zip: 33325 Country: BROWARD

4. FEI Number 59-1362945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELEO, S. PAUL
~~309 NE 3RD AVE~~
~~DANIA BEACH FL 33004~~

7. Name and Address of New Registered Agent

Name: S. PAUL DELEO
Street Address (P.O. Box Number is Not Acceptable): 204 MAPLE TERRACE
City: DAVIE FL Zip Code: 33325

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] 2/18/00
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, 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	PTS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DELEO,S PAUL		NAME		
STREET ADDRESS	309 NE 3 AVE		STREET ADDRESS	204 MAPLE TER.	
CITY-ST-ZIP	DANIA BEACH FL 33004		CITY-ST-ZIP	DAVIE, FL. 33325	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 2/18/00 954 424-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. PAUL DELEO PRES