2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 421858** 1. Entity Name DELTA SURVEYORS, INC. 02-01-2001 90089 013 ***158.75 Principal Place of Business Mailing Address 12888 SW 53RD ST 12888 SW 53RD ST MIAMI FL 33175 **MIAMI FL 33175** 014400 2. Principal Place of Business 3. Mailing Address 5205 DW 13 Avenue DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2146265 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAEZ, WALDO Street Address (P.O. Box Number is Not Acceptable) 12888 SW 53RD ST **MIAMI FL 33175** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME PAEZ, WALDO STREET ADDRESS STREET ADDRESS 12888 SW 53RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change Addition **VPST** ☐ Delete TITLE NAME PAEZ, MILAGROS NAME STREET ADDRESS STREET ADDRESS 12888 S.W. 53RD STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE - 🖃 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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