FILED

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State DOCUMENT # 475239 1. Entity Name DELCO REALTY, INC. 04-01-2002 90011 007 \*\*\*158.75 Principal Place of Business Mailing Address 8798 S W 8TH 8796 S W 8TH SUITE 1 SUITE 1 MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1744146 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7.. Name and Address of New Registered Agent DEL COLLADO, ANTOLIN Street Address (P.O. Box Number is Not Acceptable) 1300 SW 97TH AVE **MIAMI FL 33174** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Addition Change DEL COLLADO, ANTOLIN NAME NAME STREET ADDRESS 1300 SW 97TH AV STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SD FERNANDEZ, DORITA C. NAME NAME STREET ADDRESS 1300 SW 97TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 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

SIGNATURE:

changed, or on an attac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

n address, with all other like empowered

ANTOLIN DELLOCKADO

305 - 553 - 8904 Davtime Phone #