

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90099 048 ***158.75

DOCUMENT # 540482

1. Entity Name
DELTA ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~901 N. MIAMI AVENUE~~ ~~901 N. MIAMI AVENUE~~
MIAMI FL 33136 **MIAMI FL 33136**
US **US**

C0006353



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10430 N.W. 29th TERR. **10430 N.W. 29th TERR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL. **MIAMI FL.**
 Zip Country Zip Country
33172 **USA** **33172** **USA**

4. FEI Number **59-2214320** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WONG, PHILIP H
~~901 NORTH MIAMI AVENUE~~ **10430 NW 29th TERR**
~~MIAMI FL 33136~~ **33172**

7. Name and Address of New Registered Agent
 Name **PHILIP H. WONG**
 Street Address (P.O. Box Number is Not Acceptable)
10430 N.W. 29th TERRACE
 City **MIAMI** FL Zip Code **33172**

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 *Philip H. Wong* **PHILIP H. WONG** 01/08/01
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, 2001 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, PHILIP H	NAME	
STREET ADDRESS	901 N MIAMI AVENUE 10430 NW 29th TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136 33172	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, PAUL	NAME	
STREET ADDRESS	901 N MIAMI AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip H. Wong* **PHILIP H. WONG** 1/08/01 305-592-8188
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

02/28/18

CR2E034 (10/00)