

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 614314

1. Entity Name

DELTA PROPERTIES, INC.

Principal Place of Business

Mailing Address

9500 NW 13TH ST
PEMBROKE PINES FL 33024

9500 NW 13TH ST
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1893247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, JAMES M
9500 N.W. 13TH STREET
PEMBROKE PINES FL 33024

Name

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

City

FL

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCHMIDT, JAMES M
9500 N.W. 13TH STREET
PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100004494151-4
-07/24/01--01093--001
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. SCHMIDT

4/11/01

(954) 431-5131

Date

Daytime Phone #

CR2E034 (10/00)

0109637

202

DELTA PROPERTIES, INC.

9500 N.W. 13 Street
Pembroke Pines, Florida 33024-4400
Phone/Fax (954) 431-5131

July 3, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

-RE: Document # 614314

To whom it may concern:

I'm writing in hopes that an explanation of this late filing will be considered. Jim Lewin, my accountant for 27 years passed away June 1, 2001 after going in for surgery for cancer April 9, 2001. He never was well enough to return to his practice and after a second surgery in late April; he was too weak to discuss any business. He had a large practice, about 300 persons and corporations. Needless to say, Jim took care of all my accounting needs and now that I've recovered my files from his office, I realize that he was under more stress than I knew. I've enclosed a copy of his death certificate.

In the 22 years of filing the UBR, I don't remember if there were any late filings. Thank you for your consideration in this matter.

Sincerely,



James M. Schmidt,
President

cc: file
encl.