2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 627506** Mar 31, 2000 8:00 am Secretary of State 1. Entity Name DELCOR INDUSTRIES, INC. 03-31-2000 90078 001 ***150.00 Principal Place of Business Mailing Address 2331 THOMAS ST 2331 THOMAS ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-2038 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1941736 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLASI, JOSEPH L. Street Address (P.O. Box Number is Not Acceptable) 3918 BUCHANAN STREET HOLLYWOOD FL 33021 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD Addition TITLE ☐ Delete NAME BLASI, JOSEPH L. NAME STREET ADDRESS STREET ADDRESS 3918 BUCHANAN STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BLASI, PATRICIA C. STREET ADDRESS STREET ADDRESS 3918 BUCHANAN STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE Delete TITLE NAME STREET ADDRESS VIDER LANDRESS CITY - ST - ZIP ST-7IP ☐ Delete Change Addition STREET ADDRESS ST-ZIP CITY-ST-2IP ☐ Addition ☐ Delete NAME ADDREGS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the received 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 appaddress, with all other like empowered.

HGMATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(954) 920-1333

PR2F124 /0/00