

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90245 030 \*\*\*150.00

**DOCUMENT # 693189**

1. Entity Name  
**DELPHIN CORPORATION**

Principal Place of Business  
**125 WORTH AVE., #310**  
**C/O HOWARD J. FALCON JR**  
**PALM BEACH FL 33480**  
**US**

Mailing Address  
**125 WORTH AVENUE**  
**SUITE 310**  
**PALM BEACH FL 33480**  
**US**



2. Principal Place of Business  
**107 Dolphin Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3207 Buccaneer Rd.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PALM BEACH, Florida**  
 Zip  
**33480**  
 Country  
**Palm Beach**

City & State  
**LANTANA, FL.**  
 Zip  
**33462**  
 Country  
**US**

4. FEI Number  
**59-2180678**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**-STERLACCI, MICHAEL V.**  
**125 WORTH AVENUE**  
**SUITE 310**  
**PALM BEACH FL 33480**

## 7. Name and Address of New Registered Agent

Name  
**GUYRABIDEAU**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~3207 BUCCANER RD.~~  
**50 COCONUT ROW, SUITE 220**  
 City  
~~LANTANA~~ **Palm Beach** **FL** Zip Code  
~~33462~~ **33480**

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

DATE  
**4/26/2002**

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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VON OPPENHEIM, JEANE</b> <b>LINDENALLE 47</b> <b>COLOGNE GE</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VON OPPENHEIM, ALFRED F</b> <b>LINDENALLE 47</b> <b>COLOGNE GE</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DATE  
**4/26/2002**

DAYTIME PHONE #  
**561 968-4763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)