

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854499

1. Entity Name

DELFA DEVELOPMENT N.V.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90004 042 ***150.00

Principal Place of Business

369 N NEW YORK AVE.
3RD FLOOR
WINTER PARK FL 32789
US

Mailing Address

369 NO NEW YORK AVE.
3RD FL
WINTER PARK FL 32789-3119
US

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

52-1273342

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

BUILDER, J. LINDSAY J
369 NO NEW YORK AVE.
3RD FLOOR
WINTER PARK FL 32789

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, 2000 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 D ☐ Delete
NAME SAMAWI, ANWAR
STREET ADDRESS 17 RUE DE LA CROIX D'OR 5TH FL
CITY-ST-ZIP GENEVA SW

TITLE ☐ Change ☒ Addition
NAME Abdel Samawi D.
STREET ADDRESS 8709 Old Colony Trail Unit 35
CITY-ST-ZIP Knoxville, TN 37923

TITLE D ☐ Delete
NAME HASSAN, KHALED HAJ
STREET ADDRESS 4TH CIRCLE JABAL AMMAN
CITY-ST-ZIP AMMAN, JORDAN

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

TITLE D ☐ Delete
NAME CURACAO CORP COMPANY,NV
STREET ADDRESS DE RUYTERKADE 62
CITY-ST-ZIP CURACAO, N.A.

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Abdel Samawi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)