

2002 UNIFORM BUSINESS REPORT (UBR)

0000013 AI

DOCUMENT # **A21688**

1. Entity Name

DELGADO INVESTMENTS, LTD.

FILED

02 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

7600 WEST 20TH AVE
SUITE 213
HIALEAH FL 33016

Mailing Address

7600 WEST 20TH AVE
SUITE 213
HIALEAH FL 33016

2. Principal Place of Business

480 W 84th St.
Suite, Apt. #, etc.
201

3. Mailing Address

480 W 84th Street
Suite, Apt. #, etc.
201

DUE BY MAY 1, 2002

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

4. FEI Number

59-2628690

Applied For

Not Applicable

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, RENAN E.
6871 FERN DR.
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,980,231.68

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M24475
NAME DELGADO INVESTMENT COMP
STREET ADDRESS 7600 WEST 20TH AVE., SUITE 213
CITY-ST-ZIP HIALEAH FL 33016

13. ADDRESS CHANGES ONLY

STREET ADDRESS

480 West 84th Street #201

CITY-ST-ZIP

HIALEAH FL. 33014

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/02

(305) 558-6280

Date

Daytime Phone #

CR2E003 (9/01)