2001	ı UNI	FORM BUSI	INESS REPO	ORT	(UBF	?)				¥
DOCU 1. Entity Nam	# A9300									
DELTA SQUARE S.C., LTD.)	LED		NY
Principal Plac	e of Busines	s	Mailing Address			<u>-</u>	01 MAR	30 MH1:	48	
17071 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160			17071 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160			SECRET/ TALLAHA	ARY OF STA SSEE, FLOR	TE IIDA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
2. Principal Place of Business 801 NE 167 ST SANC					I REGIONI INIO INIO INIO INII BONI DANI BONI BONI BONI BONI BONI BONI BONI BO					
Suite, Apt.	`		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
No. Miami Board Fl			City & State				4. FEI Number	65-0435405		Applied For Not Applicable
3316-	5	Country 650	Zip	Cour	ntry		5. Certificate of Status Desired			8.75 Additional ee Required
	6. Name	and Address of Current I	Registered Agent	-	· Name		7. Name and Ac	dress of New R	egistered A	gent
WEISSER, MICHAEL H 17071 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160					Street Address (P.O. Box Number is Not Acceptable) 801 NE 167 S+, 3 nd F1 City NO 1901 BCACL FL Zip Code 33463					
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										
Capital Cor as Shown of		 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.									ner.	
12.	GENERAL PARTNER	13.				ADDRESS CHA	NGES ONLY	·		
DOCUMENT # H56032 MHW PROPERTIES, INC. STREET ADDRESS 17071 W. DIXIE HIGHWAY					EET ADDRESS	80	(NE (67 St,	2~1	FI
CITY-ST-ZIP	Y-ST-ZIP NORTH MIAMI BEACH FL 33160				/-ST-ZIP	801 NE 667 St, 2 nd F1 No MiAM: BEACL, F1 33662				
DOCUMENT # NAME STREET ADDRESS					EET ADDRESS				<u> </u>	
CITY-ST-ZIP DOCUMENT #				-		• •				<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP				1	EET ADDRESS (-ST-ZIP		- 00	<u>0003</u> 9 -04/11/ ****14	9925 70101 11.25	5201 095-007 ****141.25
DOCUMENT #				STR	EET ADDRESS		<u></u> .			
NAME STREET ADDRESS CITY-ST-ZIP				CITY	 Y-ST+ZIP			·		
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STREET ADDRESS* CITY-ST-ZIP				CITY	'-ST-ZIP					
DOCUMENT #		•		STRE	EET ADDRESS					

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

CITY-ST-ZIP

weissen

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

DE BEQUIEDO DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER