

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000001492**1. Entity Name
DELTA MARMI CORPORATION

Principal Place of Business	Mailing Address
4301 S. PINE ST., #92	4301 S. PINE ST., #92
TACOMA WA 98409	TACOMA WA 98409

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
91-1736030
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**COPPOLA SEBASTIAN**
14245 SW 94 CR. LN., #103**MIAMI FL**
33186 US**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 **SEBASTIANO COPPOLA****01/20/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	COPPOLA SEBASTIAN	
STREET ADDRESS	14245 SE 94 CR LN #103	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	MATUTINI DONATELLA	
STREET ADDRESS	VIA LUSSU 14	
CITY-ST-ZIP	MIGLIARINO PISA, ITALY	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET 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: Sebastiano Coppola

V

01/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)