

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24831

1. Entity Name

DELCO ENTERPRISES, INC.

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90124 003 \*\*\*150.00

Principal Place of Business  
13833 NW 21ST  
PEMBROKE PINES FL 33028

Mailing Address  
PO BOX 440652  
MIAMI FL 33144

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 59-2089787

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEL CONTE, CLAUDIO  
13833 NW 5TH ST  
PEMBROKE PINES FL 33028

pls. delete

7. Name and Address of New Registered Agent

Name - SAVINI ROSA MARIA  
Street Address (P.O. Box Number Is Not Acceptable)  
13833 NW 21 ST.  
PEMBROKE PINES  
City FL Zip Code 33028

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 Rosa Maria Savini  
Signature, typed or printed name of registered agent and title if applicable.

ROSA MARIA SAVINI, VP  
(NOTE: Registered Agent signature required when reinstating)

4/6/01  
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 State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD  
NAME SAVINI, ROSA MARIA  
STREET ADDRESS 15833 NW 21 STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE PD  
NAME DEL CONTE, PINA  
STREET ADDRESS 13855 NW 21 STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 13833 NW 21 st.  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 13833 NW 21 st.  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Pinadel Conte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PINADEL CONTE, President 4/6/01

Date

Daytime Phone #

(305) 975-1646  
(954) 447-1253

0179852

CR2E034 (10/00)