

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90025 040 \*\*\*150.00

**DOCUMENT # F24831**  
 1. Entity Name  
**DELCO ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**13833 NW 21ST**      **PO BOX 440652**  
**PEMBROKE PINES FL 33028**      **MIAMI FL 33144**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**13833 NW 21 st**      **PO Box 440652**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**PEMBROKE PINES, FL**      **MIAMI, FL**

4. FEI Number      Applied For  
**59-2089787**       Not Applicable

Zip      Country      Zip      Country  
**33028**      **USA**      **33144**      **USA**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAVINI, ROSA MARIA**  
**13833 NW 21ST**  
**PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent  
 Name **PINA DEL CONTE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13833 NW 21 street**  
 City **PEMBROKE PINES**      FL      **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*      **ROSA MARIA SAVINI**      **4/12/02**  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SAVINI, ROSA MARIA</b> <b>13833 NW 21 ST</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DEL CONTE, PINA</b> <b>13833 NW 21 ST</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *Rosa Maria Savini*      **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02**      **954 447-1253**  
Date      Daytime Phone #

CR2E034 (9/01)