

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90105 015 ***158.75

DOCUMENT # F87664

1. Entity Name

DEL AMERICAN PROPERTIES, INC.

Principal Place of Business

**474 S NORTH LAKE BLVD
 STE 1020
 ALTAMONTE SPRINGS FL 32701
 US**

Mailing Address

**474 S NORTH LAKE BLVD
 STE 1020
 ALTAMONTE SPRINGS FL 32701
 US**

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 **59-2200279**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURAI, WARD, BIONDO, MATTHEWS & MORENO
 900 INGRAM BLDG.
 25 SE 2ND AVE.
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 (Required)

(NOTE: Registered Agent's graphic required when registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSTD DEL GUIDICE, FRED 474 S NORTH LAKE BLVD STE 1020 ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DEL GUIDICE, CHRISTOPHER 474 S NORTH LAKE BLVD STE 1020 ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DELGUIDICE-BOLE, LISA 474 S NORTH LAKE BLVD STE 1020 ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(321) 207-7000

Daytime Phone

CR2E034 (10/00)