

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000006111**1. Entity Name
DELMA ATRIUM CORP.

Principal Place of Business

3900 NW 79 AVE
STE 500
MIAMI
33166

FL

Mailing Address

C/O DELMA PROPERTIES, INC.
444 MADISON AVE., STE. 1204
NEW YORK
10022

NY

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

13-3880705

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND RDPLANTATION
33324

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

02/09/2001

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	S	<input type="checkbox"/> Delete
NAME	TOROYAN SETA	
STREET ADDRESS	% DELMA, INC.- 444 MADISON AVE 12TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EV	<input type="checkbox"/> Delete
NAME	BARRETT PATRICK D	
STREET ADDRESS	% DELMA, INC.- 444 MADISON AVE 12TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PCDT	<input type="checkbox"/> Delete
NAME	TOROYAN KEVORK	
STREET ADDRESS	% DELMA, INC.- 444 MADISON AVE 12TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
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 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT PATRICK D	
STREET ADDRESS	% DELMA, INC.- 444 MADISON AVE 12TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Patrick D. Barrett

EVP

02/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)