

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K48441**

1. Entity Name
DELTA DART, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90038 038 ***150.00

Principal Place of Business

% MICHAEL ORTIZ PA
328 MINORCA AVE 2 FL
CORAL GABLES FL 33134
US

Mailing Address

% MICHAEL ORTIZ PA
328 MINORCA AVE 2 FL
CORAL GABLES FL 33134
US

2. Principal Place of Business

2600 Douglas Road

Suite, Apt. #, etc.

PH 6

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

2600 Douglas Road

Suite, Apt. #, etc.

PH 6

City & State

Coral Gables, FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2922711**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
328 MINORCA AVE 2 FL
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MICHAEL ORTIZ

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

2600 Douglas Road - PH 6

City

Coral Gables

FL

Zip Code
33134

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]

Michael Ortiz

4/2/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ORTIZ, MICHAEL**
STREET ADDRESS **328 MINORCA AVE 2 FL**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Delete
NAME **BENITEZ, LISSETTE**
STREET ADDRESS **328 MINORCA AVE 2 FL**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2600 Douglas Road - PH 6**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2600 Douglas Road - PH 6**
CITY-ST-ZIP **Coral Gables, FL 33134**

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

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

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

TITLE ☐ Change ☐ 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:

[Signature]

President

4/2/01

305 476 5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)