

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90145 043 ***150.00

DOCUMENT # K48441

1. Entity Name
DELTA DART, INC.



Principal Place of Business

% MICHAEL ORTIZ PA

~~2600 DOUGLAS ROAD PH6~~

~~CORAL GABLES FL 33134~~

US

Mailing Address

% MICHAEL ORTIZ PA

~~2600 DOUGLAS ROAD PH6~~

~~CORAL GABLES FL 33134~~

US

2. Principal Place of Business

3. Mailing Address

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

330

330

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, MICHAEL

~~2600 DOUGLAS ROAD~~

~~PH 6~~

~~CORAL GABLES FL 33134~~

Name

Michael Ortiz

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

2121 Ponce de Leon Blvd

Suite 330

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Michael Ortiz

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ORTIZ, MICHAEL**
CITY-ST-ZIP ~~2600 DOUGLAS ROAD PH6~~
~~CORAL GABLES FL 33134~~

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Michael Ortiz**
CITY-ST-ZIP **2121 Ponce de Leon Blvd, Ste 330**
Coral Gables, FL 33134

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BENITEZ, LISSETTE**
CITY-ST-ZIP ~~2600 DOUGLAS ROAD PH6~~
~~CORAL GABLES FL 33134~~

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Lisette Ortiz**
CITY-ST-ZIP **2121 Ponce de Leon Blvd, Ste 330**
Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz, President

3/7/03

(305) 476-5270

Date

Daytime Phone #

CR2E034 (10/02)