

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015445

1. Entity Name

DELFIN PARTNERS, L.L.C.

Principal Place of Business

Mailing Address

11401 NW 12 ST. #137  
MIAMI, FL. 33172

11401 NW 12 ST. #137  
MIAMI, FL. 33172

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65 10 74 44 8

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 16 PM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

JOSE BOLOYARD  
1101 BRICKELL AVENUE  
SOUTH TOWER  
SUITE 702, MIAMI, FL. 33131

7. Name and Address of New Registered Agent

Name: ROLPH DESENS

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

5420 NW 114TH AVE #106

City MIAMI

FL

Zip Code 33178

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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PD  
NAME ARIEL ACOSTA-RUBIO  
STREET ADDRESS 5420 NW 114TH AVE #106  
CITY-ST-ZIP MIAMI, FL 33178

☐ Delete

TITLE VPDT  
NAME RENE BELISARIO  
STREET ADDRESS 5420 NW 114TH AVE #106  
CITY-ST-ZIP MIAMI - FL 33178

☐ Delete

TITLE VPDS  
NAME MARISABEL ACOSTA  
STREET ADDRESS 5420 NW 114TH AVE #106  
CITY-ST-ZIP MIAMI - FL 33178

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)