

200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L020000005838

1. Entity Name

Delphos Enterprise LLC

Principal Place of Business

Mailing Address

(Same)

2922 Cleveland St.
Hollywood FL 33020

2. Principal Place of Business

2922 Cleveland St.

3. Mailing Address

same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Zip

33020

Country

USA

Zip

Country

4. FEI Number

020560963

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
04 FEB 16 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M/K

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Steven Finley
2922 Cleveland St.
Hollywood FL 33020

Name

Steven Finley

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

2922 Cleveland St

City

Hollywood

FL

Zip Code

33020

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

Steven Finley

(NOTE: Registered Agent signature required when reinstating)

Feb. 13, 2004

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME Antonio Freitas
STREET ADDRESS 9800 SW 34 ST
CITY-ST-ZIP Miami FL 33165 ☒ Delete

TITLE
NAME Roselynn Hernandez ☐ Change ☒ Addition
STREET ADDRESS 2922 Cleveland St.
CITY-ST-ZIP Hollywood FL 33020

TITLE MGR
NAME Steven Finley
STREET ADDRESS 2922 Cleveland St
CITY-ST-ZIP Hollywood FL 33020 ☐ Delete

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

TITLE MGR
NAME Evarista Veliz Curbelo
STREET ADDRESS 2922 Cleveland St
CITY-ST-ZIP Hollywood FL 33020 ☐ Delete

TITLE
NAME 700023269247
STREET ADDRESS 02/24/04--01006--028 **55.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME Gyorgy Mideczky
STREET ADDRESS 2922 Cleveland St
CITY-ST-ZIP Hollywood FL 33020 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Steven Finley

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

2/13/04

Date

954 922-8898

Daytime Phone #

754 244-3324