

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90032 039 ****55.00

DOCUMENT # L02000019880

1. Entity Name

DELGADO ENTERPRISES, LLC



Principal Place of Business

**3219 ST. JOHN STREET
TAMPA FL 33607**

Mailing Address

**3219 ST. JOHN STREET
TAMPA FL 33607**

2. Principal Place of Business

PO Box 23902

3. Mailing Address

PO Box 23902

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

13-4209261

Applied For

Not Applicable

Zip **33623-3902**

Country **HILLSBOROUGH**

Zip **33623-3902**

Country **HILLSBOROUGH**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOVELACE, WILLIAM K
401 S. LINCOLN AVENUE
CLEARWATER FL 33756**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **DELGADO, RUBEN R TRUSTEE**
STREET ADDRESS **3219 ST. JOHN STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **PO Box 23902**
STREET ADDRESS **TAMPA, FL 33623-3902**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **DELGADO, DIANE E TRUSTEE**
STREET ADDRESS **3219 ST. JOHN STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **PO Box 23902**
STREET ADDRESS **TAMPA, FL 33623-3902**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **RODRIGUEZ, PAMELA J**
STREET ADDRESS **3219 ST. JOHN STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **PO Box 23902**
STREET ADDRESS **TAMPA FL 33623-3902**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **LEISTL, MICHELE L**
STREET ADDRESS **3219 ST. JOHN STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **PO Box 23902**
STREET ADDRESS **TAMPA FL 33623-3902**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **DELGADO, RUBEN R II**
STREET ADDRESS **3219 ST. JOHN STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **PO Box 23902**
STREET ADDRESS **TAMPA FL 33623-3902**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Ruben R Delgado* **SIGNATURE REQUIRED RUBEN R DELGADO**

4/13/03

**(727) 536-0421 or
(813) 877-7705**

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

Date

Daytime Phone #

CR2E083 (10/02)