

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56408

1. Entity Name

DELGADO BROTHERS PRODUCTIONS, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90025 009 \*\*\*150.00

Principal Place of Business

DELGADO BROTHERS  
2050 W. 56 ST. STE 20  
HIALEAH FL 33016  
US

Mailing Address

DELGADO BROTHERS  
2050 W. 56 ST. STE 20  
HIALEAH FL 33016-2684  
US

**DELGADO BROTHERS**

2. Principal Place of Business

**DELGADO BROTHERS**

3. Mailing Address

**BROTHERS (SAME)**

Suite, Apt. #, etc.

**4461 BLOSSOM LANE**

Suite, Apt. #, etc.

**4461 BLOSSOM LANE**

City & State

**WESTON, FLORIDA**

City & State

**WESTON, FLORIDA**

Zip

**33331**

Country

**USA**

Zip

**33331**

Country

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, JOSE M  
4461 BLOSSOM LN  
WESTON FL 33331

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.

SIGNATURE

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELGADO, JOSE M.</b>	
STREET ADDRESS	<b>4461 BLOSSOM LN</b>	
CITY-ST-ZIP	<b>WESTON FL 33331</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE M. DELGADO, PRESIDENT** **2/4/200** **332-5943**

Date

Daytime Phone #

CR2E034 (9/99)