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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2003 8:00 am **Secretary of State** L72867 DOCUMENT # 06-05-2003 90132 008 ***150.00 1. Entity Name DELMER CORP. Principal Place of Business Mailing Address % ELMER HERTZMARK 1201 S OCEAN DR APT 511N 511N 511N HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0199350 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERTZMARK, ELMER Street Address (P.O. Box Number is Not Acceptable) 1201 S OCEAN DR 511N #5114 HOLLYWOOD FL 33019 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE ☐ Addition TITI F ☐ Delete HERTZMARK, DOLORES NAME NAME STREET ADDRESS 1201 S. OCEAN DR. STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE HERTZMARK, ELMER NAME NAME STREET ADDRESS 1201 S. OCEAN DR. STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIF TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

TO SALVANTE SIGNATURE AND TYPED OR PRINTED NAME OF

changed, or on an attachment with an address, with all other like empowered

Attachment

Dee Hertzmark

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Attachment 90138692

Attachment

Dee Hertzmark

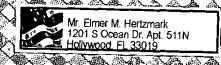
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