

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -4 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000053

1. Entity Name

DEL & M. INVESTMENTS, L.C.

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751

Mailing Address

1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751-7119

2. Principal Place of Business

1717 MONASTERY ROAD

3. Mailing Address

1717 MONASTERY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY FL

City & State

ORANGE CITY FL

4. FEI Number

59-3486266

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGUIDICE, FRED

1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

FRED DELGUIDICE

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

1717 MONASTERY ROAD

City

ORANGE CITY

FL

Zip Code

32763

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 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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CIMA FINANCIALS, INC.  
21 ESCONDIDO  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
DELGUIDICE, FRED  
1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
800003274390 ☐ Addition  
-06/02/00--01012--017  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
DELGUIDICE, FRED  
1717 MONASTERY ROAD  
ORANGE CITY FL 32763 ☒ Change ☐ Addition

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

IMAD MASRI, PRESIDENT CIMA FINANCIALS  
05-04-00 904-851-0888

Date

Daytime Phone #

CR2E083 (9/99)