

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90031 027 ***150.00

DOCUMENT # M33702

1. Entity Name

DE LA FLOR, INC.

Principal Place of Business

2315 S. UNIVERSITY DR
 DAVIE FL 33324
 US

Mailing Address

13320 STIRLING RD.
 FT LAUDERDALE FL 33330-3114

2. Principal Place of Business

10781 Stirling Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

4. FEI Number

59-2701640

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA FLOR, AUGUSTO
 13320 STIRLING RD
 FT LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

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: PD
 NAME: DELA FLOR, AUGUSTO
 STREET ADDRESS: 2315 S. UNIVERSITY DR.
 CITY-ST-ZIP: DAVIE, FL. Delete

TITLE: D
 NAME: DELA FLOR, DEBORAH
 STREET ADDRESS: 2315 S. UNIVERSITY DR.
 CITY-ST-ZIP: DAVIE FL. Delete

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
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TITLE: Delete
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TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Deborah DeLa Flor

Date

3/2/00

Daytime Phone #

954-475-8833