

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006050

FILED
Apr 30, 2003
Secretary of State

Entity Name: DELTA EDUCATION, HEALTH, AND CULTURAL INITIATIVE, INC.

Current Principal Place of Business:

4601 N.W. 183RD STREET
I-14
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 173326
HIALEAH, FL 330173326

New Mailing Address:

FEI Number: 65-0803129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBER CORPORATE AGENTS, INC.
2601 S BAYSHORE DR, 19TH FL
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, ANDREA P
Address: 741 SW 99TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: HIGH, GWENDOLYN
Address: 6615 ELFREDA ROAD
City-St-Zip: CHARLOTTE, NC 28270

Title: D () Delete
Name: EWELL, ARCIE
Address: 12935 SW 109TH CT
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SMITH, VERONICA
Address: 19620 N.W. 5TH AVENUE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA P CAMPBELL

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date