

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

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DOCUMENT # P0000051259					
1. Entity Name D.L.P. ENTERPRISES, INC.					
Principal Place of Business 14650 S.W. 20TH STREET DAVIE, FL 33325			Mailing Address P.O. BOX 550455 DAVIE, FL 33355-9998		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 14650 S.W. 20 STREET Suite, Apt. #, etc.		
City & State DAVIE, FLORIDA			4. FEI Number 65-1014849		
Zip 33325			Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 W. BROWARD BLVD., SUITE 376 PLANTATION, FL 33324		
7. Name and Address of New Registered Agent Name: PORIO, DEAN Street Address (P.O. Box Number is Not Acceptable): 14650 S.W. 20 STREET City: DAVIE FL Zip Code: 33325			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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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 supplementary 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 changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4-4-03 <small>Daytime Phone #</small>		

CR2034 (10/02)