

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90268 009 \*\*\*150.00

**DOCUMENT # P00000088081**

**1. Entity Name**  
**DELIPET PRODUCTS CORP.**



**Principal Place of Business**  
**3129 NORTH 29TH AVE**  
**HOLLYWOOD FL 33020**

**Mailing Address**  
**3129 NORTH 29TH AVE**  
**HOLLYWOOD FL 33020**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1042509**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ZARAGOVIA, ANGELO**  
**3129 NORTH 29TH AVE**  
**HOLLYWOOD FL 33020**

**7. Name and Address of New Registered Agent**

Name **NOE GUCOVSKI**

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

**3129 NORTH 29TH AVE**

City **HOLLYWOOD**

FL

Zip **33020**

**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)

DATE

**1/10/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PD**  
**NAME ZARAGOVIA, ANGELO**  
**STREET ADDRESS 3129 NORTH 29TH AVE**  
**CITY-ST-ZIP HOLLYWOOD FL 33020**

**TITLE PD**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE VSTD**  
**NAME GUCOVSKI, NOE**  
**STREET ADDRESS 3129 NORTH 29TH AVE**  
**CITY-ST-ZIP HOLLYWOOD FL 33020**

**TITLE PD**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**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 changed, or on an attachment with an address, with all other like empowered**

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/03 954 922 8525**

Date

Daytime Phone #

CR2E034 (10/02)