

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000017999*

1. Entity Name

*DELICIAS DEL MAR, INC*



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -4 AM 8:00

Principal Place of Business

*2075 W BRIGHT DR  
HIA FLA. 33010*

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

*65-1086580*

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*MIGUEL MONDY  
2075 W BRIGHT DR  
HIA FLA 33010*

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. 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

*4/23/03*

FILE NOW WILL BE IN 30 MIN  
ANY CHANGES MUST BE MADE  
Make Check Payable to: *SECRETARY OF STATE*

9. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PD  
MIGUEL MONDY  
2075 W BRIGHT DR  
HIA FLA 33010* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*200022037582  
08/04/03--01094--001 \*\*300.00* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

*04-23-03*

Date Daytime Phone #

June 3rd, 2003  
Ref: Delinios del Mar, Inc.  
2025 W. Bright Dr.  
Dealeah, Fla. 33016  
Ref# P01000017999

Division of Corporations  
Tallahassee, Fla. 32314

Leutner: as per letter received from the  
Division informing, that my corporation was  
dissolved, because in 2002 payment was not  
received I want to let know, that I never was  
informed, and I was not aware of this  
payment I am sorry for this situation,  
because I am new in business, I appreciate  
your attention, and I hope this could be  
revalued, find enclosed \$300.00, and please  
help me with penalties & Interest, thanks for  
your attention.

Sincerely,

