

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 02, 2002 8:00 am  
Secretary of State  
02-20-2002 90165 028 \*\*\*150.00

DOCUMENT # P01000036876  
1. Entity Name  
DEL SOL ENTERPRISE, INC.

Principal Place of Business Mailing Address  
371 E 13 ST 971 E 13 ST  
HIALEAH FL 33010 HIALEAH FL 33010

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1129589 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  
DEL SOL, DANIEL Name  
971 E 13 ST Street Address (P.O. Box Number is Not Acceptable)  
HIALEAH FL 33010 City FL Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVTS DEL SOL, DANIEL 971 E 13 ST HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this form 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  
02/5/02 (305) 982 9089  
Date Daytime Phone

CR2E034 (9/01)