

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0227995 AV

DOCUMENT # P01000066976

1. Entity Name
DEL VAF ENTERPRISES INC.

04-11-2002 90699 031 ***150.00

Principal Place of Business
1170 71ST ST. SUITE #4
MIAMI BEACH FL 33141

Mailing Address
1170 71ST ST. SUITE #4
MIAMI BEACH FL 33141



2. Principal Place of Business
1055 West 29 Street

3. Mailing Address
1055 West 29 Street

Suite, Apt. #, etc.
SUITE 1 (2 floor)

Suite, Apt. #, etc.
SUITE 1 (2 floor)

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
65-1119169

Applied For
☐ Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

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

HERNANDEZ VARGAS, IVAN
1170 71ST ST. SUITE #4
MIAMI BEACH FL 33141

Name CARLOS del VALLE
Street Address 1170 - 71 Street, Suite 4
City MIAMI BEACH **FL** **Zip Code** 33141

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.

SIGNATURE *[Signature]* **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

9. 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ VARGAS, JUAN	
STREET ADDRESS	1170 71ST ST. SUITE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEL VALLE, CARLOS	
STREET ADDRESS	1170 71ST ST. SUITE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEL VALLE, MIGUEL	
STREET ADDRESS	1170 71ST ST. SUITE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA BETTY RODRIGUEZ	
STREET ADDRESS	9531 FOUNDATION BLVD., APT 601	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/01)