

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90207 016 \*\*\*150.00

**DOCUMENT # P01000068718**

1. Entity Name  
**DELLA'S ENTERPRISES, INC.**



Principal Place of Business  
**65 WEST 56TH ST.  
HIALEAH FL 33012**

Mailing Address  
**65 WEST 56TH ST.  
HIALEAH FL 33012**

**30008986**



2. Principal Place of Business  
**9602 NW 79th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**9602 NW 79th Ave**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Hialeah Gardens FL**  
Zip  
**33016** Country  
**USA**

City & State  
**Hialeah Gardens FL**  
Zip  
**33016** Country  
**USA**

4. FEI Number  
**65-1125700**

Applied For  
☐ Not Applicable

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

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

**GREGG, DALE**  
**65 WEST 56TH ST.**  
**HIALEAH FL 33012**

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

Name  
**DALE GREGG**  
Street Address (P.O. Box Number is Not Acceptable)  
**9602 NW 79th Ave**  
City  
**Hialeah Gardens FL** Zip Code  
**33016**

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 **DALE GREGG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

**1/21/03**  
DATE

**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  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
**PD**  
NAME  
**GREGG, DALE**  
STREET ADDRESS  
**65 WEST 56TH ST.**  
CITY-ST-ZIP  
**HIALEAH FL 33012** ☐ Delete

TITLE  
**SD**  
NAME  
**FERNANDEZ, ISABEL**  
STREET ADDRESS  
**65 WEST 56TH ST.**  
CITY-ST-ZIP  
**HIALEAH FL 33012** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **X** SIGNATURE **DALE GREGG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/03** **305-826-8611 X205**  
Date Daytime Phone #

CR2E034 (10/02)