

# 2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # **P01000108634**

1. Entity Name

**DELTA A-1 Technologies, Inc.**

Principal Place of Business

**6701 SW 2 ST  
MIAMI, FL 33144**

Mailing Address

**6701 SW 2 ST  
MIAMI, FL 33144**

2. Principal Place of Business

**6741 SW 5 TER**

Suite, Apt. #, etc.

3. Mailing Address

**6741 SW 5 TER**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI**

Zip

**33144**

Country

**DADE**

Zip

**33144**

Country

4. FEI Number

**05-1148103**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EDGARDO LOPEZ  
6701 SW 2 ST  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name **EDGARDO LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**6741 SW 5 TER**  
City **MIAMI** FL Zip Code **33144**

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 \$5.00  
MAY 17, 2004 Fee will be \$5.00  
Unchecked Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>PRESIDENT EDGARDO LOPEZ 6701 SW 2 STREET MIAMI, FL</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (11/00)

FILED

02 OCT 28 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700008618677  
10/28/02--01064--015 \*\*150.00  
DO NOT WRITE IN THIS SPACE

Paye20f2

October 21, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: DELTA A-1 TECHNOLOGIES, INC.  
P01000108634


To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$150 payment for the year 2002, as instructed.

After speaking with your agent, we realized that the annual report had been mailed to the wrong address. Our business address is: 6741 S.W. 5 Terrace, Miami, FL 33144.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,

  
Edgardo Lopez  
President