

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90193 034 ***158.75

DOCUMENT # P01000109373

1. Entity Name

DLH PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 56-5942

Suite, Apt. #, etc.

P.O. BOX 56-5942

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1152701

Applied For

Not Applicable

Zip

33256-5942

Country

Zip

33256-5942

Country

US

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jorge Pereira

Street Address (P.O. Box Number is Not Acceptable)

255 University Dr.

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

Jorge Pereira Jorge Pereira

4.24.02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres.</u> <u>Albert de la Huerta</u> <u>P.O. BOX 56-5942</u> <u>Miami, FL 33256-5942</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>de la Huerta, Christine</u> <u>P.O. BOX 56-5942</u> <u>Miami, FL 33256-5942</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert de la Huerta Albert de la Huerta

Date

4-24-02

Daytime Phone #

786-236-6117

CR2E034B (12/01)