

5/28

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91579 001 \*\*\*450.00

**DOCUMENT # P01000114786**

1. Entity Name

**DELTA BUSINESS SOLUTIONS OF BROWARD & PALM BEACH**  
**, INC.**

Principal Place of Business

**2861 CORPORATE WAY**  
**MIRAMAR FL 33025**

Mailing Address

**2861 CORPORATE WAY**  
**MIRAMAR FL 33025**

2. Principal Place of Business

**2861 Corporate way**  
 Suite, Apt. #, etc.

3. Mailing Address

**← Same**  
 Suite, Apt. #, etc.

City &amp; State

**MIRAMAR FL 33025**

City &amp; State

4. FEI Number

**59-3006070**

Applied For

Not Applicable

Zip

**33025**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**DANIEL M. KEIL, P.A.**  
**3185 WEST 4TH AVENUE**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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

**PRES.**  
**Cyrus Jiveh**  
**2861 corporate way**  
**MIRAMAR, FL 33025**

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-02 (954) 885-0102**

CR2E034 (9/01)