

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90421 007 ***150.00

DOCUMENT # P02000053382

1. Entity Name
DELHOMME INTERPRETING, INC.



Principal Place of Business
**6495 SUNSET STRIP, SUITE 30
SUNRISE FL 33313**

Mailing Address
**6495 SUNSET STRIP, SUITE 30
SUNRISE FL 33313**



2. Principal Place of Business

6919 W. BROWARD BLVD

3. Mailing Address

6919 W. BROWARD BLVD

Suite, Apt. #, etc.

#216

Suite, Apt. #, etc.

#216

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33317

Country

U.S.A

Zip

33317

Country

U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **33-1001268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELHOMME, THEODOR
7664 NW 5TH ST., #1D
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DELHOMME, THEODOR**
STREET ADDRESS **7664 NW 5TH ST., #1D**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VP** ☐ Change ☒ Addition
NAME **BARBARA A. MOULTON**
STREET ADDRESS **7664 NW 5TH ST #1D**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03

CR2E034 (10/02)