

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000096307

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: MARIA CRISTIN FELPETO DE DELANEY P.A.

**Current Principal Place of Business:**

7601 E TREASURE DRIVE  
STE 616  
N BAY VILLAGE, FL 33141

**New Principal Place of Business:**

20507 NE 9 PL  
MIAMI, FL 33179

**Current Mailing Address:**

7601 E TREASURE DRIVE  
STE 616  
N BAY VILLAGE, FL 33141

**New Mailing Address:**

20507 NE 9 PL  
MIAMI, FL 33179

FEI Number: 16-1625557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAENZ, GEORGE  
45 SW 24 ROAD  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DELANEY, MARIA CRISTINA  
Address: 7601 E TREASURE DRIVE  
City-St-Zip: N BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DELANEY, MARIA CRISTINA  
Address: 20507 NE 9 PL  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELANEY MARIA CRISTINA

P

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date