

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000125906

1. Entity Name  
DELPLAST, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG.-4 AM 8:00



Principal Place of Business  
7100 N.W. 12 STREET  
103  
MIAMI FL 33126  
US

Mailing Address  
7100 N.W. 12 STREET  
103  
MIAMI FL 33126  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

*MRS*

4. FEI Number  
27-0039479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VIVERO, JOANNE  
1627 BRICKELL AVE  
2706  
MIAMI FL 33129

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P,S<br>JOANNE VIVERO,<br>1627 BRICKELL AVE # 2706<br>MIAMI FL 33129<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 000022079590<br>08/05/03--01073--020 **150.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP,T<br>DEL CAMPO, ENRIQUE<br>1627 BRICKELL AVE # 2706<br>MIAMI FL 33129<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/7/03

(305) 271-0047

Attachment#



**OCARIZ, GITLIN  
& ZOMERFELD, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

July 29, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Delplast, Inc.  
EIN# 27-0039479  
Document# P02000125906

The above named taxpayer has not seen their payment in the amount of \$150.00 to your department for the 2003 Uniform Business Report clear their bank and are concerned that the check and form might have been lost by your department. The taxpayer mailed in the form along with the check on April 7, 2003 and more than three months have passed.

Enclosed please find a copy of the signed 2003 Uniform Business Report mailed in by the taxpayer along with a newly reissued check for \$150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Raymond J. Zomerfeld, C.P.A.  
For the firm

RJZ/an

Encl.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY  
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED  
ENVELOPE.**

999 Ponce de Leon Blvd.  
Suite 1045  
Coral Gables, FL 33134

Tel 305.444.8288  
Fax 305.444.8280

5415 Mariner Street  
Suite 215  
Tampa, FL 33609

Tel 813.636.0609  
Fax 813.636.9223

[www.ogz-cpa.com](http://www.ogz-cpa.com)

Members of:  
American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants  
National Association of  
Certified Valuation Analysts