

2006 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 021 ***150.00

DOCUMENT # P05000144147

1. Entity Name

DELANY CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9930 NW 7 Ave.

Suite, Apt. #, etc.

3. Mailing Address

9930 NW 7 Ave.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

4. FEI Number

20-3713473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA ALEXANDRA PEDRAZA

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

8428 NW 103 ST UNIT C105

City

HIALEAH GARDENS

FL

Zip Code

33016

**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

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	POST MARIA ALEXANDRA PEDRAZA 8428 NW 103 ST UNIT C105 HIALEAH GARDENS, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 #

Maria A Pedraza Pres. 3-14-06 (305) 836-1166

CR2E034B (12/01)