FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P93000026517 DOCUMENT

1. Entity Name



Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90157 013 ***150.00 DELMAR PROPERTIES, INC. Principal Place of Business Mailing Address 244 HARBOR LANE 244 HARBOR LANE MASSAPEQUA NY 11762 MASSAPEQUA NY 11762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 11-3154815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent B&C CORP. SERVICES OF CENTRAL FLORIDA INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. **SUITE 1100** ORLANDO FL 32801 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CASSIS, CAROL NAME NAME 244 HARBOR LANE STREET ADDRESS STREET ADDRESS MASSA PEQUA NY 11764 CITY-ST-ZIP CITY-ST-ZIP AVPD ☐ Delete TITLE Change ☐ Addition CASSIS. NICHOLAS NAME 2603 BONNIE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRICK NY 11566** CITY-ST-ZIP ESTATE OF GEORGE CASSIMANS 146 RICHARD PATH ST. JAMES, N.Y. 11780 TITLE Delete TITLE Change Change CASSIMATIS, GEORGE NAME NAME 146 RICHARD PATH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES NY 11780 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ELAINE CASSIMATIS NAME NAME STREET ADDRESS 100 BROOKLYN AVENUE FREEPORT, N.Y. 11500 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change **Addition** NAME CASSIMANS, EMANUEL NAME STREET ADDRESS 1040 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WANTAGN, D.Y. 11793 Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR