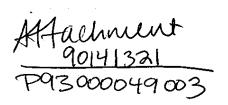
Jul 10, 2003 8:00 am

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

## Secrétary of State P93000049003 DOCUMENT # 07-10-2003 90109 030 \*\*\*150.00 1. Entity Name DELGADO'S A - Z HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 8121 S.W. 20 ST. 8121 S.W. 20 ST. MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0420612 Not Applicable Zip Country 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 Name DELGADO, PROCOPIO R Street Address (P.O. Box Number is Not Acceptable) 8121 S.W. 20TH ST. MIAMI FL 33155 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS-\$550,00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE Change ☐ Delete DELGADO, PROCOPIO R NAME NAME C/O 3400 ONE BISCAYNE TOWER, 2 S BISCAYNE STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition HERRERA, CARLOS NAME NAME **608 NW 58 COURT** STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-7IP CITY-ST-ZIP TITLE T-Delete TITLE? ☐ Change = ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME 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.



## DELGADO A THRU Z HOME IMPROVEMENTS, INC. 8121 S.W. 20<sup>th</sup> STREET Miami, Florida 33133

**OFFICE: 305. 267-1784** 

July 7, 2003

Uniform Business Reports Division of Corporations P.O.Box 1500 Tallahassee, Florida 32302-1500

Dear Sirs,

I am enclosing this letter with my second filling report. I spoke with a representative at your office and they told me to write a letter and enclose my second report. I filled my report back in April 2003 with designated filling fee of \$150.00. The check has not been posted. I am suspecting that my filling got lost in transit. I am sending a second check for \$150.00. Please waive the additional \$400.00 for late filling for this is not my case. I filled on time but for reasons beyond my control your office did not receive my report.

Thank you for your attention,

Procopio Rene Delgado

President