

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063052

1. Entity Name

DELCA AUTO SALES, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90309 028 ***150.00

Principal Place of Business

Mailing Address

1460 PALM AVE.
HIALEAH FL 33010

1460 PALM AVE.
HIALEAH FL 33010-3429

2. Principal Place of Business

1460 Palm Ave

3. Mailing Address

20 W 95r

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL 33010

City & State

Hialeah FL 33010

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-0438449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL CALLEJO, FERNANDO
5490 W. 9TH AVE.
HIALEAH FL 33012

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DEL CALLEJO, FERNANDO
STREET ADDRESS 5490 W. 9TH AVE.
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

305-887-4226

Daytime Phone #

CR2E034 (9/99)