

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90995 006 ***150.00

DOCUMENT # P93000066161

1. Entity Name

Delcop, Inc.

Principal Place of Business	Mailing Address
7661 N.W. 68th St. Unit 115 Miami, FL 33166	7661 N.W. 68th St. Unit 115 Miami, FL 33166

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number

65-0437695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Andrade, Luis R.
8050 N.W. 10th St., Apt. 8
Miami, FL 33126

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.

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, 2001 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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	De Luca, Carmelo	
STREET ADDRESS	13260 S.W. 131st St., Apt. 120	
CITY - ST - ZIP	Miami, FL 33186	

TITLE	D/VP	<input type="checkbox"/> Delete
NAME	De Luca, Vicente	
STREET ADDRESS	13260 S.W. 131st St., Apt. 120	
CITY - ST - ZIP	Miami, FL 33186	

TITLE	D/T	<input type="checkbox"/> Delete
NAME	Andrade, Luis R.	
STREET ADDRESS	8050 N.W. 10th St., Apt. 8	
CITY - ST - ZIP	Miami, FL 33126	

TITLE	D/S	<input type="checkbox"/> Delete
NAME	De Luca, Ernesto	
STREET ADDRESS	13260 S.W. 131st St., Apt. 120	
CITY - ST - ZIP	Miami, FL 33186	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Luis R. Andrade 04/20/01

305-889-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #