2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P94000004750 DELGADO PROPERTIES CORP. 03-22-2000 90067 018 \*\*\*150.00 Mailing Address Principal Place of Business 7600 WEST 20TH AVENUE 7600 WEST 20TH AVENUE #213 #213 HIALEAH FL 33016 HIALEAH FL 33016-1894 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0701257 Not Applicable Zip 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, RENAN E Street Address (P.O. Box Number is Not Acceptable) 7600 WEST 20TH AVE. #213 HIALEAH FL 33016 City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME DELGADO, RENAN E STREET ADDRESS STREET ADDRESS 7600 WEST 20TH AVE. #213 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Delete Change ■ Addition VPD TITLE TITLE NAME DELGADO, ANTONIO NAME STREET ADDRESS STREET ADDRESS 7600 WEST 20TH AVENUE #213 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does not qualify for the 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 of the corporation or the receiver or trustee empowered to executanged, or on an attachment with an address, with all other life 3/20/00 (305)558-6280 SIGNATURE: