

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90312 022 \*\*\*150.00

0100360

**DOCUMENT # P94000004750**

1. Entity Name  
**DELGADO PROPERTIES CORP.**

Principal Place of Business  
**7600 WEST 20TH AVENUE**  
**#213**  
**HIALEAH FL 33016**

Mailing Address  
**7600 WEST 20TH AVENUE**  
**#213**  
**HIALEAH FL 33016**

64019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**480 W 84th STREET**  
 Suite, Apt. #, etc.  
**BLDG A STE. 201**

3. Mailing Address  
**480 W 84th STREET**  
 Suite, Apt. #, etc.  
**BLDG. A STE. 201**

City & State  
**HIALEAH FL.**

City & State  
**HIALEAH FL.**

Zip Country  
**33014 USA**

Zip Country  
**33014 USA**

4. FEI Number **65-0701257** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DELGADO, RENAN E**  
**7600 WEST 20TH AVE.**  
**#213**  
**HIALEAH FL 33016**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**480 W 84th ST. BLDG A**  
**SUITE 201**  
 City  
**HIALEAH FL** Zip Code  
**33014**

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 **RENAN E. DELGADO, R.D.** **3/1/01**  
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.   
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **PD DELGADO, RENAN E**  
 STREET ADDRESS **7600 WEST 20TH AVE. #213**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **480 W 84th ST. BLDG. A STE. 201**  
 CITY-ST-ZIP **HIALEAH FL. 33014**

TITLE  Delete  
 NAME **VPD DELGADO, ANTONIO**  
 STREET ADDRESS **7600 WEST 20TH AVENUE #213**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **480 W 84th ST. BLDG. A STE 201**  
 CITY-ST-ZIP **HIALEAH FL. 33014**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/01** **(305) 558-6280**  
Date Daytime Phone #

CR2E034 (10/00)