2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90251 047 ***150.00

DOCUMENT # P95000009320

1. Entity Name
DELTER CORPORATION

Principal Place of Business	Mailing Address
~~5445 SW 142TH COURT~~ 9600 N.W 25 ST ~~MIAMI FL 33185~~ SUITE 4-9 MIAMI Fl 33172	~~5445 SW 142TH COURT~~ ~~MIAMI FL 33185~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9600 N.W. 25TH STREET		9600 N.W 25TH STREET	
Suite, Apt. #, etc.: SUITE 49		Suite, Apt. #, etc.: SUITE 4-9	
City & State: MIAMI Fl		City & State: MIAMI Fl	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

4. FEI Number 65-0650533 ☐ 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
ALONSO, ANTONIO J	Name
~~13550 SW. 62ND STREET #4C~~ 9600 N.W. 25TH ST	Street Address (P.O. Box Number is Not Acceptable) SUITE 4-9
~~MIAMI FL 33183~~ MIAMI Fl. 33172	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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, ANTONIO J ~~13550 SW. 62ND STREET #4C~~ 9600 N.W 25TH STREET ~~MIAMI FL 33183~~ SUITE 4-9 MIAMI Fl 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 REQUIRED 4/22/02 305-593-1046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)