

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026028

1. Entity Name
DELTA TRADING, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90024 004 ***150.00

Principal Place of Business

8265 N.W. 56 ST.
MIAMI FL 33166
US

Mailing Address

8265 N.W. 56 ST.
MIAMI FL 33166
US

2. Principal Place of Business

1930 NE 147th Terrace
Suite, Apt. #, etc.

3. Mailing Address

1930 NE 147th Terrace
Suite, Apt. #, etc.

City & State

MIAMI, FL
Zip 33181
Country USA

City & State

MIAMI, Florida
Zip 33181
Country USA

4. FEI Number **65-0572260**

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

GOMES, MAURICIO M.
8265 N.W. 56 ST.
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)
1930 NE 147th Terrace

City **MIAMI**

FL

Zip Code **33181-1139**

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

Mauricio M. Gomes

01-18-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GONZALES, FERNANDO RUA CLEDGIO FLORENCE NO. 59 BX 172 BRAZIL 13209-700	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMES, MANCIO 8265 NW 56TH ST MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-18-01 305-947-5555

CR2E034 (10/00)