

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000979

1. Entity Name

DELLART, INC

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90005 010 ***150.00

Principal Place of Business

Mailing Address

1450 BRICKEL BAY DR
1214
MIAMI FL 33131
US

15476 N.W. 77 COURT #407
MIAMI FL 33016-5823

C0017391



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PMB 407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15476 N.W. 77 COURT

City & State

City & State

MIAMI FL

4. FEI Number

65-0640008

Applied For

Not Applicable

Zip

Country

Zip

Country

33016-5800

US

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

CORDERO, ANA D

9485 SUNSET DR

CORAL GABLES FL 33173

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, 2000 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 P
STREET ADDRESS UGALDE, CARLOS
CITY-ST-ZIP 1450 BRICKEL BAY DR #1214
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS UGALDE ROMAN, CARLOS
CITY-ST-ZIP 15476 NW 77 CT #407
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS UGALDE ROMAN, CARMEN RITA
CITY-ST-ZIP 15476 NW 77 CT #407
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS UGALDE, CARMEN RITA
CITY-ST-ZIP 1450 BRICKEL BAY DR #1214
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Carlos Ugalde CARLOS UGALDE

1/26/2000

305-379-5978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)