## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P96000000979

1. Entity Name DELLART, INC



**FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90196 038 \*\*\*150.00

WE TO

Principal Place of Business 1450 BRICKEL BAY DR 1214 MIAMI FL 33131 US			Mailing Address PMB 407 15476 NW 77 COURT MIAMI FL 33016										
2. Principal Place of Business 1450 Brickell Bay DY				3. Mailing Address				1188118	BI (ID JEILE DILII DUIK E	INILI BALII NULII 1	BII)	IR 1000 III PORT 100Ú	
Suite, Apt. #, etc. <i>1901</i>				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
	HI FL	33/3/	City & State				4.	. FEI Numbe	65-064000	8	-	Applied For Not Applicable	
Zip	C. Nome	Country US		Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
	o. Name	and Address of Current I	Register	ed Agent		None	7.	Name and	Address of New I	Registered A	gent		
**************************************	ro, ana d		÷	Name			, 	en talante en la comp <u>artica de la compartica de la compartica de la comp</u>					
				Street Address			Address (P.O.	(P.O. Box Number is Not Acceptable)					
	NSET DR	00.470			-								
CORAL	GABLES FL	331/3					•						
						City				FL	Zip Co	de	
8. The above	a named entit	y submits this statement for	the num	nose of changing its	registered	office o	r registered a	agent or both	in the State of El		analilan mila		
the obliga	tions of regist	ered agent.	aro parp	2000 of offeriging its	rogistered	Onice o	registered a	igent, or bott	i, iii the State Of Fit	onda. Tamia	arıllıar wiki	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	blicable. (NOTE:	: Registered A	dent signa	ture required when	reinstating)		DATE			
				1		gon bigne	To required when	, rombiating)		DATE			
		! FEE IS \$150.00					9. Elec	ction Campaign Fir	nancina	\$5.0	00 May Be		
		03 Fee will be \$550.00 Florida Department of	State					st Fund Contributio			ed to Fees		
10.		OFFICERS AND D			- 22			DD:2:0:101					
TITLE	Р	OFFICERS AND E	JIHECTO		11.		7P	ADDITIONS/C	CHANGES TO OFF				
NAME	UGALDE,	CARLOS		☐ Delete	TITLE NAME			DE CA	9R405		Change	☐ Addition	
STREET ADDRESS		CKEL BAY DR #1214		NAME STREET AD			UGALDE, CARLOS 1450 Brickell Ba7 Dr # 1901						
CITY-ST-ZIP				CITY-ST-ZIP			MIA	11AMI FL 33/3/					
TITLE	V			☐ Delete	TITLE		19/11/	7, , _	00.0.		Charas	- Addition	
NAME	1 *	ROMAN, CARLOS		L Delete	NAME			•			☐ Change	Addition	
STREET ADDRESS		77 CT #407				ADDRESS							
CITY-ST-ZIP	MIAMI FL				CITY-ST							ļ	
TITLE	S			☐ Delete	TITLE				·		☐ Change	Addition	
NAME	-	ROMAN, CARMEN RITA		_ 50,000	NAME					uu i maratanaa aa			
STREET ADDRESS		77 CT #407			STREET	ADDRESS							
CHTY-ST-ZIP	MIAMI FL				CITY-ST	- ZIP							
TITLE	T	, , <del> , , , , , , , , , , , , , , , , , </del>		☐ Delete	TITLE		7				Change	Addition	
NAME	UGALDE, (	CARMEN RITA		,	NAME		UGAL	DE,CA	RMENT	RITA	_	_	
STREET ADDRESS		KEL BAY DR #1214				ADDRESS	1450	Bricke	EL BAT D	V#!40	7/		
CITY-ST-ZIP	MIAMI FL :	33131			CITY-ST	- ZIP	MIAM	11 FL	RMENT ILBATD 33131				
TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME					NAME						-	1	
STREET ADDRESS					STREET #			•				}	
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NAME					NAME								
STREET ADDRESS					STREET A	DORESS	I					1	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**