

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90383 033 \*\*\*150.00

DOCUMENT # P96000011774

1. Entity Name  
DELNEZ CORPORATION



Principal Place of Business  
10936 S.W. 188 ST.  
MIAMI FL 33157  
US

Mailing Address  
10936 S.W. 188 ST.  
MIAMI FL 33157  
US



2. Principal Place of Business  
10936 SW 188 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami, Florida

City & State  
Florida

4. FEI Number 65-0642900

Applied For  
Not Applicable

Zip Country  
33157 Dade

Zip Country

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

## 6. Name and Address of Current Registered Agent

MARTINEZ, JOSE M  
11760 SW 190 TERRACE ROAD  
MIAMI FL 33177

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jose Martinez President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME MARTINEZ, JOSE M  
STREET ADDRESS 11760 S.W. 190 TERR. RD.  
CITY-ST-ZIP MIAMI FL 33177

TITLE VPS ☐ Delete  
NAME DIAZ, JUAN G  
STREET ADDRESS 11740 S.W. 190 TERR. RD.  
CITY-ST-ZIP MIAMI FL 33177

TITLE SD ☐ Delete  
NAME MARTINEZ, LESLIE  
STREET ADDRESS 11740 S.W. 190 TERR. RD.  
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE SD ☒ Change ☐ Addition  
NAME Leslie Martinez  
STREET ADDRESS 11760 SW 190 Terr Rd  
CITY-ST-ZIP Miami FL 33177

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

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

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)