

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015939

1. Entity Name

DELTA CONSULTING, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90303 002 ***150.00

Principal Place of Business

Mailing Address

17181 ROYAL COVE WAY
BOCA RATON FL 33496

5030 CHAMPION BLVD
SUITE G6-286
BOCA RATON FL 33496
US

2. Principal Place of Business

5030 CHAMPION BLVD

3. Mailing Address

Suite, Apt. #, etc.

G6-286

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33496

Country

Palm Beach

Zip

Country

4. FEI Number

65-0647848

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

MENOR, ARTHUR J
250 AUSTRALIAN AVE S
SUITE 500 ONE CLEARLAKE CENTRE
WEST PALM BEACH FL 33401

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, 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
DPTS
CERISANO, MICHAEL P
17181 ROYAL COVE WAY
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President DPTS
CERISANO, Michael
5030 Champion Blvd. G6-286
BOCA RATON FL 33496 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

Michael P Cerisano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

561 832 9292

Daytime Phone #

CR2E034 (10/00)