

2002

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2002 8:00 am
Secretary of State**

03-20-2002 90232 033 ***150.00

DOCUMENT # P96000028954**1. Entity Name**
*DELMA INTERNATIONAL CORPORATION***Principal Place of Business**
*580 LEE DR.
Miami Springs fl.
33166.***Mailing Address**
*Same.***2. Principal Place of Business**
580 LEE DR.
3. Mailing Address
Same.
Suite, Apt., etc.
Miami Springs
City & State
*FL.***Zip**
33166.
Country
*FL.***4. FEI Number**
65-0656154
Applied For
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

425868**6. Name and Address of Current Registered Agent**
*Jorge Iglesias
580 LEE DR.
Miami Springs fl. 33166.***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.****SIGNATURE** *[Signature]* **DATE** *2.28.02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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 \$50.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<i>P</i>	<i>Jorge Iglesias</i>	<i>580 LEE DR.</i>	<i>Miami Springs fl. 33166.</i>	<input type="checkbox"/>
<i>Vice</i>	<i>Halvella Iglesias</i>	<i>580 LEE DR.</i>	<i>Miami Springs fl. 33166.</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*2.28.02 - 3058880552*
Date Daytime Phone #