

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089874

1. Entity Name

DELTASPHERE, CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90036 033 ***150.00

Principal Place of Business

13499 BISCAYNE BLVD. STE 1704
 NO MIAMI FL 33181

Mailing Address

13499 BISCAYNE BLVD. STE 1704
 NO MIAMI FL 33181-2031

2. Principal Place of Business

13499 Biscayne Blvd.

Suite, Apt. #, etc.

STE 1008

City & State

NO Miami FL 33181

Zip

33181

Country

FL

3. Mailing Address

13499 Biscayne Blvd.

Suite, Apt. #, etc.

STE 1008

City & State

Miami FL

Zip

33181

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0774825

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRINKMANN, WILHELM
 13499 BISCAYNE BLVD. STE 1704
 NO MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Brinkman, Wilhelm

Street Address (P.O. Box Number is Not Acceptable)

13499 Biscayne Blvd. STE 1008

City

Miami

FL

Zip Code

33181

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

Wilhelm Brinkman

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25th 00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRINKMAN, WILHELM	
STREET ADDRESS	13499 BISCAYNE BLVD. STE 1704	
CITY-ST-ZIP	NO MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brinkman, Wilhelm	
STREET ADDRESS	13499 Biscayne Blvd STE 1008	
CITY-ST-ZIP	Miami FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

April 25th 00

Date

(305) 953-5433

Daytime Phone #

CR2E034 (9/99)