

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90029 030 ***150.00

DOCUMENT # P97000014987

1. Entity Name
DELIA-MAR CORPORATION

Principal Place of Business
3939 NW 7TH STREET
S-205
MIAMI FL 33126
US

Mailing Address
3939 NW 7TH STREET
S-205
MIAMI FL 33126
US

103521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3919 NW 7 st.

3. Mailing Address
3919 NW 7 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number **65-0761228**

Applied For
 Not Applicable

Zip **33126** Country **USA**

Zip **33126** Country **USA**

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

GRECO, JACQUELINE
9858 N. KENDALL DRIVE
#E-108
MIAMI FL 33176

Name **Greco Jacqueline**

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

11310 NW 50 terrace

City **Miami** **FL** Zip Code **33178**

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 **D** ☒ Delete
 NAME **ALAIMO, CALOGERO**
 STREET ADDRESS **7135 COLLINS AVE. UNIT NO. 726**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Change ☒ Addition
 NAME **Alaimo Calogero**
 STREET ADDRESS **6345 NW 113 st**
 CITY-ST-ZIP **Miami FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Jacqueline Greco

01/18/01

CR2E034 (10/00)