

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 019 ***150.00

DOCUMENT # **P97000020349**

1. Entity Name

DELTA AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3520 ORKS WAY

SAME

Suite, Apt. #, etc.

#306

Suite, Apt. #, etc.

City & State

PORTLAND BEACH, FL

City & State

4. FEI Number

65-0408266

Applied For

Not Applicable

Zip

33069

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee, Required

7. Name and Address of Current Registered Agent

Name

NORMAN LUTWAK

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

3520 ORKS WAY - #306

City

PORTLAND BEACH FL

Zip Code

33069

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
NORMAN LUTWAK
3520 ORKS WAY - #306
PORTLAND BEACH, FL 33069

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman Lutwak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-02

Date

X 954-975-4811

Daytime Phone #

CR2E034B (12/01)