

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031209

1. Entity Name

DELCA DISTRIBUTOR INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90137 021 \*\*\*150.00

Principal Place of Business

3020 SW 79TH COURT  
 MIAMI FL 33155

Mailing Address

3020 SW 79TH COURT  
 MIAMI FL 33155-2566

2. Principal Place of Business

1535 SW, 82nd Place

Suite, Apt. #, etc.

3. Mailing Address

1535 SW, 82nd Place

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

Zip

33144

Country

Miami-Dade

City & State

Miami, Florida

Zip

33144

Country

Dade

4. FEI Number

65-0742947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DEL CASTILLO, ELADIO  
 3020 SW 79TH COURT  
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Orlando E. Mastrapa

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

1535 SW, 82nd Place

City

Miami, Florida

FL

Zip Code  
 33144

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

*Orlando E. Mastrapa* (ORLANDO MASTRAPA) PRESIDENT

4-12-00

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, 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	PST	<input checked="" type="checkbox"/> Delete
NAME	DEL CASTILLO, ELADIO	
STREET ADDRESS	3020 SW 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33155	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orlando E. Mastrapa	
STREET ADDRESS	1535 SW, 82nd Place	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lidia M. Mastrapa	
STREET ADDRESS	1535 SW, 82nd Place	
CITY-ST-ZIP	Miami, FL 33144	
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:

*Orlando E. Mastrapa* ORLANDO MASTRAPA PRESIDENT

4-12-00 (505) 264-7566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)