2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P97000059439

DOCUMENT # 1. Entity Name

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90176 046 ***150.00

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| DELTA IN | VESTMENTS EN | rerprises, | INC. | | | | | | | | |
|---|---|-------------------------|--|--|------------------|-----------------|--------------------------------|-----------------------------|-------------|---------------------------|--------------------------------------|
| Principal Plac 4471 NW 72N LAUDERHILL I US | D AVE | | Mailing Address 4471 NORTH WEST 72 AVE LAUDERHILL FL 33319 | ENUE | | | | | | | |
| 2. Principal P | lace of Business | TERRACE | 3. Mailing Address P. O. Box | 2585 | 3 | | | | | | 1111 1 1111 11 1 1 |
| Suite, Apt. | <u> </u> | | Suite, Apt. #, etc. | | | | ☑ CHE | CK HERE IF | MAKING | CHANGES | |
| City & Stat | al Springs | | City & State /AMARA | | | 4. FEI | Number 65-6 | 0828520 | | No | plied For ot Applicable |
| zip <u>3</u> 30 | 65 BRO | WARN | 33320 | BROW | ARD | | tificate of Status | | <u> </u> | \$8.75 Add Fee Require | |
| | 6. Name and Addres | s of Current Re | gistered Agent | Name | | 7. Nan | e and Address | of New Re | gistered A | gent | |
| PITTER, CARL S | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 7447 NORTH WEST 57 STREET TAMARAC FL 33319 | | | | | | | | | | | |
| | | | | City | | | <u></u> | | FL | Zip Cod | e |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | and accept | |
| SIGNATURE . | Signature, typed or printed name | of registered agent and | title if applicable. (NOTE: I | Registered Agent signati | ure required w | hen reinsta | iting) | | DATE | | |
| | | | | | | | | | | | |
| After | May 1, 2003 Fee will Payable to Florida De | be \$550.00 | | | | | 9. Election Ca Trust Fund (| mpaign Fina Contribution | | | 0 May Be I to Fees |
| 10. | | FICERS AND DIF | | 11. | | ADDIT | IONS/CHANGE | S TO OFFIC | CERS AND | DIRECTOR | S IN 11 |
| TITLE | D | | ☐ Delete | TITLE | | | | | | Change | Addition |
| NAME STREET ADDRÉSS | SMITH, DONALD L 4471 NORTH WEST | 72 AVENUE | | NAME STREET ADDRESS | 38 | 23 | NW 78 Spring | TERR | acë, s | Suiτε, | 8. |
| CITY-ST-ZIP | LAUDERHILL FL 333 | | | CITY-ST-ZIP | Col | RAL | SPRING | s, FL. | <u> 330</u> | | ·· |
| TITLE | D DODDEN M | | ☐ Delete | TITLE | | | | _ | | Change | ☐ Addition |
| NAME STREET ADDRESS | SMITH, DORRELL M 4471 NORTH WEST | | | NAME STREET ADDRESS | 38 | 43 | NW 78 Spring | 8 TERI | CACE, | Suite | ·B. |
| CITY-ST-ZIP | LAUDERHILL FL 333 | <u> </u> | | CITY-ST-ZIP | | ZAL | SPRING | <u>s, r.</u> | | S . □.Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | The second se | | Delete | NAME STREET ADDRESS CITY-ST-ZIP | च्च-१० ⊭∺ | , | | - - | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP. | | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> | , , | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ` | 19. | | - | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 07/3)(i) Elevido | Charles | | ☐ Change | Addition |

Increase certain matter 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

04:24:03

CR2E034 (10/02)