2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90168 023 ***150.00

DOCUMENT # P98000033147

1. Entity Name

THE DELFIN PROJECT, INC.

Principal Place of Business	Mailing Address
7300 W CAMINO REAL SUITE 219 BOCA RATON FL 33433 US	7300 W CAMINO REAL SUITE 219 BOCA RATON FL 33433-5510 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7100 W. CAMINO REAL		7100 W CAMINO REAL	
Suite, Apt. #, etc.: SUITE 405		Suite, Apt. #, etc.: SUITE 405	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33433	Country: USA	Zip: 33433	Country: USA

4. FEI Number 65-0834216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
500 EAST BROWARD BLVD.
SUITE 1400
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	VP/D ☑ Change ☑ Addition
NAME	SARUBBI, JOSEPH	NAME	MOSLEY, JOSEPH
STREET ADDRESS	3221 SOUTH OCEAN BLVD. #908	STREET ADDRESS	7100 W. CAMINO REAL SUITE 405
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D ☐ Delete	TITLE	P/D ☑ Change ☐ Addition
NAME	MAKAR, MICHAEL	NAME	MAKAR, MICHAEL
STREET ADDRESS	21368 PLACIDA TERRACE	STREET ADDRESS	7100 W. CAMINO REAL SUITE 405
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Michael Makar, President MICHAEL MAKAR (561) 361-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #