

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074663

1. Entity Name

DELTA TRANSFER CORP.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90066 040 \*\*\*150.00

Principal Place of Business

1951 N. POWERLINE RD.  
POMPANO BEACH FL 33064

Mailing Address

2075 N. POWERLINE RD.  
POMPANO BEACH FL 33069-1223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0858908**

Applied For  
Not Applicable

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

MARCENO, PATRICK F  
4900 N. OCEAN BLVD. APT 821  
FORT LAUDERDALE FL 33308

Name

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

2075 N. Powerline Road

Pompano Beach

FL

Zip Code 33069

6. 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, 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MARZANO, PATRICK F**  
CITY-ST-ZIP **4900 N. OCEAN BLVD. APT 821**  
**FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2075 N. Powerline Road**  
CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 #

CR2E034 (9/99)