

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90053 001 \*\*\*150.00

**DOCUMENT #** P98000087011**1. Entity Name**

DelCab Corporation ✓

**Principal Place of Business****Mailing Address**4180 Broken Back Road  
Naples, FL. 34116.

Same

60020250

**2. Principal Place of Business**

571 24th Ave NE

**3. Mailing Address**

571 24th Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Naples FL.

**City & State**

Naples FL.

**4. FEI Number**

05-0871739

**Applied For**

Not Applicable

**Zip****Country**

34120 US

**Zip****Country**

34120 US

**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****Name**

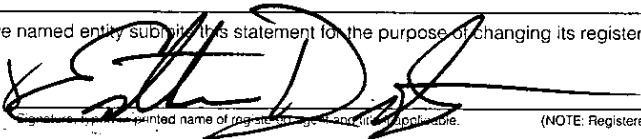
Esteban Delgado

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

571 24th Ave NE

**City**

Naples

**FL****Zip Code** 34120**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**

Esteban Delgado 2-20-2001

(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, 2001 Fee will be \$550.00****Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	Delgado, Esteban	<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>	4180 Broken Back Rd.	
<b>CITY-ST-ZIP</b>	Naples FL. 34116	

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	571 24th Ave NE	
<b>CITY-ST-ZIP</b>	Naples, FL. 34120	

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Delgado, Vivian	
<b>STREET ADDRESS</b>	571 24th Ave NE	
<b>CITY-ST-ZIP</b>	Naples, FL. 34120	

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b>		

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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 #

2/20/2001 941-253-1043

CR2E034 (11/00)