

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90262 019 \*\*\*150.00

**361032**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000106935**

1. Entity Name  
**DALPO BROTHERS, INC.**

Principal Place of Business  
**7760 W. 20TH AVENUE. NO. 9**  
**HIALEAH FL 33016**

Mailing Address  
**7760 W. 20TH AVENUE. NO. 9**  
**HIALEAH FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0888083**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**RENDON, DAVID F**  
**6800 WEST 16TH DRIVE**  
**APT. 305**  
**HIALEAH FL 33014**

Name **David F Rendon**

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

**7760 W 20 Ave Bay 9**

City **Hialeah** FL Zip Code **33016**

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 *David Rendon*

*David Rendon*

*4/25/02*

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, 2002 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 **P** ☐ Delete  
 NAME **RENDON, DAVID F**  
 STREET ADDRESS **6800 WEST 16TH DR., APT. 305**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **P** ☒ Change ☐ Addition  
 NAME **RENDON, DAVID F**  
 STREET ADDRESS **7470 W 17 Avenue Apt 33**  
 CITY-ST-ZIP **Hialeah FL 33014**

TITLE **VP** ☐ Delete  
 NAME **RENDON, WILLIAM**  
 STREET ADDRESS **6800 WEST 16TH DR., APT. 305**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **RENDON, WILLIAM**  
 STREET ADDRESS **7325 W 18 Avenue**  
 CITY-ST-ZIP **Hialeah FL 33014**

TITLE **S** ☐ Delete  
 NAME **CASTILLO, MARIA**  
 STREET ADDRESS **2716 WEST 74TH TERR.**  
 CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*David Rendon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/02* (305) 821-3288

Date

Daytime Phone #

CR2E034 (9/01)