2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P99000000761

1. Entity Name
DELHAS AUTO SALE, INC

FILED
00 DEC 20 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1068 N.W. 36TH ST.
Miami, FL 33137

Mailing Address
SAME

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912756 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Lesly J. Marie
1068 N.W. 36 TH ST
Miami, FL 33137

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 ____________
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	Pd	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARIE, LESLY J		NAME		
STREET ADDRESS	1068 N.W. 36 TH ST		STREET ADDRESS	000003514650--5	
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP	-12/27/00--01073--002 ****150.00 ****150.00	
TITLE	Secretary	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Maria F. Joseph		NAME		
STREET ADDRESS	1068 N.W. 36 TH ST		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP		
TITLE	Treasure	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERTE PIERRE		NAME		
STREET ADDRESS	1068 N.W. 36 TH ST		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	LS	
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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahasse, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **DELMAS AUTO SALE, INC.** Thank you for your courtesy in this matter.

LESLY J MARIE
PRESIDENT