

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019062

1. Entity Name
DELTA ENTERTAINMENT INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90091 020 ***150.00

Principal Place of Business

14216 SW 136TH STREET
MIAMI FL 33186

Mailing Address

14216 SW 136TH STREET
MIAMI FL 33186

2. Principal Place of Business

14216 S.W. 136th Street
Suite, Apt. #, etc.

3. Mailing Address

14216 S.W. 136th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami Florida
Zip
33186
Country
US

City & State
Miami Florida
Zip
33186
Country
US

4. FEI Number **22-3658473**

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

JACKSON, JOE KELLY
14216 SW 136TH STREET
MIAMI FL 33186

Name **Joe Kelly Jackson**
Street Address (P.O. Box Number is Not Acceptable)
14216 S.W. 136th Street
City **Miami** FL **33186**

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, 2001 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BREWSTER, JOE	
STREET ADDRESS	14216 SW 136TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAW, KAY	
STREET ADDRESS	14216 SW 136TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAHMS, LARRY	
STREET ADDRESS	14216 SW 136TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, JOE KELLY	
STREET ADDRESS	14216 SW 136TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)