

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90455 031 \*\*\*158.75

**DOCUMENT # P99000023561**

1. Entity Name  
**DELMA ARREDO, INC.**



Principal Place of Business  
**7700 NORTHWEST 74TH AVENUE  
MEDLEY FL 33166**

Mailing Address  
**7700 NORTHWEST 74TH AVENUE  
MEDLEY FL 33166**

2. Principal Place of Business

3. Mailing Address

**3333 NW 116 Street**  
Suite, Apt. #, etc.

**3333 NW 116 Street**  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33167**  
Country  
**USA**

Zip  
**33167**  
Country  
**USA**

4. FEI Number  
**65-0903852**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BALLESTAS AND ASSOCIATES, INC**  
**7730 SW 68 TR**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name  
**STROOCK & STROOCK & LAVAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**FIRST UNION FINANCIAL CENTER**  
**200 S. BISCAYNE BLVD., SUITE 3833**  
City  
**MIAMI** FL Zip Code  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

**RICHARD SIMPSON, ESQ.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/8/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD**  
**PETRUZZELLI, ALEXANDER**  
**5722 S. FLAMINGO RD. #175**  
**COOPER CITY FL 33330** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**PETRUZZELLI, ANTONIO**  
**16711 COLLINS AVE #1007**  
**MIAMI FL 33160** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**Petrizzelli, Antonio**  
**9755 NW 52 Street, #307**  
**Miami, FL 33178** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BRUSCOLI, ROBERTO**  
**7700 NW 74 AVE**  
**MIAMI FL 33166** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BRUSCOLI, LUCA**  
**7700 NW 74 AVE**  
**MIAMI FL 33166** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
**Alexander Petruzzelli, Pres. 1/8/03 (305) 685-4575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)