

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023617

Entity Name

DELGADO CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90053 025 ***150.00

Principal Place of Business

Mailing Address

11821 S.W. 190TH ST.
 FL 33177

11821 S.W. 190TH ST.
 MIAMI FL 33177-3940

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910464

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

DELGADO, EDUARDO
 11821 S.W. 190TH ST.
 MIAMI FL 33177

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELGADO, EDUARDO 11821 S.W. 190TH ST. MIAMI FL 33177	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
RODRIGUEZ, ALBERTO 1340 N.W. 5TH ST. MIAMI FL 33125	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
CAZAU, ANDRES 5497 WEST 27TH AVE. HIALEAH FL 33016	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
MESA, ANGEL 13528 SW 9 LANE MIAMI FL 33184	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	

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:

ALBERTO RODRIGUEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 (305)259034

2000 (999)