

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057484

1. Entity Name

DELPA INTERNATIONAL CORP.

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90042 021 ***150.00

Principal Place of Business

7084 NW 50TH STREET
MIAMI FL 33166

Mailing Address

7084 NW 50TH STREET
MIAMI FL 33166

2. Principal Place of Business

7952 NW 14 ST

3. Mailing Address

7952 NW 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number 65-0930787

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

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

TORRES, XONIA
16462 SW 99 ST
MIAMI FL 33196

Name

Daniel A. Urra

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

7952 NW 14 ST

City

MIAMI

FL

Zip Code

33166

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, title or full 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME URRU MORA, DANIEL ANTONIO
STREET ADDRESS ISMAEL VALDES VERGARA 670 OF 402
CITY-ST-ZIP SANTIAGO, CHILE

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

TITLE D ☐ Delete
NAME MUNOZ, ELIECER E
STREET ADDRESS ISMAEL VALDES VERGARA 670 OF 402
CITY-ST-ZIP SANTIAGO, CHILE

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)