

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057484

1. Entity Name
DELPA INTERNATIONAL CORP.

Principal Place of Business

7952 NW 14TH STREET
MIAMI FL 33166

Mailing Address

7952 NW 14TH STREET
MIAMI FL 33166

2. Principal Place of Business

7225 NW 25th St

3. Mailing Address

7225 NW 25th St

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

311

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

6. Name and Address of Current Registered Agent

URRA, DANIEL A
7952 NW 14TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name XONIA TORRES
Street Address (P.O. Box Number is Not Acceptable)
7225 NW 25th St # 300
City MIAMI FL Zip Code 33122

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME URRA-MORA, DANIEL-ANTONIO
STREET ADDRESS ISMAEL VALDES VERGARA 670 OF 402
CITY-ST-ZIP SANTIAGO, CHILE

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300009177623
11/22/02--01099--017 **\$750.00

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

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

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

TITLE ☐ Change ☐ 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

Designation #

FILED

02 NOV 15 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number 65-0930787

Applied For
Not Applicable

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

CR2E034 (4/02)

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AV