

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT #P99000070236

1. Entity Name

DELTONA ENTERPRISES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90086 012 \*\*\*150.00

Principal Place of Business

7251 S.W. 82ND STREET  
SUITE 29  
MIAMI FL 33143

Mailing Address

~~7251 S.W. 82ND STREET  
SUITE 29  
MIAMI FL 33143-7557~~

2. Principal Place of Business

6725 SW 56th  
Suite, Apt. #, etc.  
Shopping Center  
City & State  
Miami Fla.

3. Mailing Address

641 SW 89th  
Suite, Apt. #, etc.  
City & State  
Miami



DO NOT WRITE IN THIS SPACE

City & State

Zip

33155

Country

U.S.

City & State

Zip

33172

Country

U.S.

4. FEI Number

65-0962533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JUAN  
7251 S.W. 82ND STREET  
SUITE 29  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name  
JUAN Hernandez

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

641 SW 89th

Miami

City  
Miami

FL

Zip Code  
33172

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)

4/3/00  
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, 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**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JUAN	
STREET ADDRESS	7251 S.W. 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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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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 (9/99)