

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P99000104865**

1. Entity Name

**DELTA RESOURCE GROUP, INC.**



FILED

03 AUG -8 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**17640 NW 18 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 641058**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0566724**

Applied For

Not Applicable

Zip

**33056**

Country

**USA**

Zip

**33164**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**DARRION J. WILLIAMS**

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

**17640 NW 18 AVE.**

City

**MIAMI**

**FL**

Zip Code

**33056**

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]*

(NOTE: Registered Agent signature required when reinstating)

**Aug 4 2003**

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO, S  
DARRION J. WILLIAMS  
17640 NW 18 AVE.  
MIAMI FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400022291734  
08/13/03--01055--019 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DARRION J. WILLIAMS  
17640 NW 18 AVE  
MIAMI FL 33056**

TITLE  
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CITY-ST-ZIP

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**TS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug 4 2003**

Date

Daytime Phone #

**305-949-1217**

CR2E034B (12/02)

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Online Payment System

Please Confirm Billing Information

Transaction Amount: **\$150.00**

Email Address: **DJW001@MSN.COM**

Billing Name: **DELTA RESOURCE GROUP INC**

Billing Address: **1390 NE 162ND STREET**

Billing City: **NORTH MIAMI BEACH**

Billing State: **FL**

Billing Zip: **33162-**

Billing Phone Number: **7863552252**

Payment Method: **Visa**

Credit Card Number: **4635760001677982**

Credit Card Expiration Date: **08/2006**

**Important Notice:** Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.



PLEASE ACCEPT PAYMENT BY CHECK FOR \$150  
I FILED THIS REPORT PRIOR TO DEAD LINE.  
HOWEVER, I JUST REALIZE RECENTLY THAT  
MY VISA PAYMENT NOT TAKEN. ATTACHED  
IS THIS FORM AND RECEIPT OF FILING,

THANKS,

*[Handwritten signature]*