

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107262

1. Entity Name

DELIKA, INC.

Principal Place of Business

NE 166 STREET
FL 33160

Mailing Address

3839 NE 166 STREET
MIAMI FL 33160

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RODRIGUEZ-ECHEVERRIA, M. VICTORIA
330 SW 27TH AVENUE, SUITE 605
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name JOSE L. FERNANDEZ

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

3839 NE 166 ST

City NORTH MIAMI BEACH

FL

Zip Code 33160

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, applicable

(NOTE: Registered Agent signature required when reinstating)

04/10/00

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	PD	<input type="checkbox"/> Delete
NAME	CANELLA, ADRIANA	
STREET ADDRESS	3839 NE 166 STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, JULIUS	
STREET ADDRESS	3839 NE 166 STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALARCON, CARMEN E	
STREET ADDRESS	3839 NE 166 STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANELLA, ADRIANA	
STREET ADDRESS	3839 NE 166 STREET	
CITY-ST-ZIP	MIAMI FL 33160	
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	SD	<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NABIB CALLAOS	
STREET ADDRESS	3839 NE 166 ST.	
CITY-ST-ZIP	MIAMI, FL 33160	
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

4/23/00

DATE

(305) 947-1948

Daytime Phone #

CR2E034 (9/99)

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-10-2000 90088 035 ***150.00

DO NOT WRITE IN THIS SPACE