

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31514

1. Entity Name

PHI-DELTA CAPITAL, INC.

Principal Place of Business

Mailing Address

% DAVID R. SERNS  
2040 N.W. 163RD ST. SUITE 302  
NORTH MIAMI BEACH FL 33162

% DAVID R. SERNS  
2040 N.W. 163RD ST. SUITE 302  
NORTH MIAMI BEACH FL 33162-4941

2. Principal Place of Business

3. Mailing Address

c/o David R. Serns

c/o David R. Serns

Suite, Apt. #, etc.

17101 N.E. 19th Avenue

Suite, Apt. #, etc.

17101 N.E. 19th Avenue

City & State

N. Miami Beach, Florida

City & State

N. Miami Beach, Florida

Zip

33162

Country

USA

Zip

33162

Country

USA

6. Name and Address of Current Registered Agent

SERNS, DAVID R.  
2040 N.E. 163RD ST.  
SUITE 302  
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

David R. Serns

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

17101 N.E. 19th Avenue

Suite 205

City

North Miami Beach

FL

Zip Code  
33162

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

David R. Serns, Registered Agent

(Not a Registered Agent signature required when reinstating)

1-20-00

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  
NAME MAYMAN, PHILLIP  
STREET ADDRESS 5771 PALMER AVE.  
CITY-ST-ZIP COT. ST. LUC, QUEBEC H4W2P6 FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE:

PHILLIP MAYMAN

JAN. 31, 2000

Date

(314) 485-2555 Daytime Phone