

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 415471

1. Entity Name

GYRO LAMP SUPPLY CORP.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 035 ***150.00

Principal Place of Business

Mailing Address

3601 N W 50TH STREET
MIAMI FL 33142
US

3601 N W 50TH STREET
MIAMI FL 33142-3933
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1430626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVECHT, SCOTT L
2995 FLAMINGO DRIVE
MIAMI BEACH FL 33140

Name **SCOTT L. DEVECHT**

Street Address (P.O. Box Number is Not Acceptable)
ONE LA GORCE CIRCLE

City **MIAMI BEACH**

FL

Zip Code **33141**

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]
Signature, typed or printed name of registered agent and title if applicable.

SCOTT L. DEVECHT, President

4/24/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	DEVECHT, NORMAN	
STREET ADDRESS	2957 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEVECHT, SCOTT L	
STREET ADDRESS	2995 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT L. DEVECHT	
STREET ADDRESS	ONE LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
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

4/24/2000
Date

305-635-5284
Daytime Phone #

CR2E034 (9/99)