## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # F9900004653 DEVASTATION DISTRIBUTING INDUSTRIES, INC. 02-01-2000 90099 037 \*\*\*158.75 Principal Place of Business Mailing Address 2261 NE 164TH ST. 2261 NE 164TH ST. N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160-3703 HHU11264 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1058363 Not Applicant Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORES, SHANE Street Address (P.O. Box Number is Not Acceptable) 102 N.E. 2ND ST., STE. 188 **BOCA RATON FL 33432** Miami 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Delete TITLE TITLE FLORES, SHANE NAME STREET ADDRESS STREET ADDRESS 2261 N.E. 164TH ST. CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33160 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_ZIP GITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ig does not quality or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information upplied with this filing d indicated on this report or supplement of the corporation or the receive or the receive of the receive or the r

empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachmen

SIGNATURE: