

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10445

1. Entity Name

DEVOM GENERAL SERVICES, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90011 044 ***150.00

0188376

Principal Place of Business % TED NELSON 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 US	Mailing Address % TED NELSON 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2777042		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent THEODORE R NELSON 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONTANA, OMAR RUA ALMTE PEREIRA GUIMARAES, 257- SAO PAULO SP BR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MRS. MARISE CIPRIANI 855 Timber Lane Boulder, CO 80304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARISE CIPRIANI 855 TIMBER LN BOULDER CO 80304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, THEODORE R 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Theodore R. Nelson* **01-11-2001** **305 865-5716**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
Theodore R. Nelson, Secretary

CR2E034 (10/00)