

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91402 042 ****61.25

DOCUMENT # N01000007214

1. Entity Name

**DEVELOPING ASSISTANCE TO A VAS INNOVATIVE SOCIET
Y COMMUNITY DEVELOPMENT AND BETTERMENT CORPORATI**

Principal Place of Business

Mailing Address

3301 NW 17 ST
 FT LAUDERDALE FL 33311

3301 NW 17 ST
 FT LAUDERDALE FL 33311

2. Principal Place of Business

3301 NW 17th STREET

3. Mailing Address

3301 NW 17th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

80-0002486

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ADRIENE
 3301 NW 17 ST
 FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS DAVIS, ADRIENE
 CITY-ST-ZIP 3301 NW 17 ST
 FT LAUDERDALE FL 33311

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS GARLAND, DANENE
 CITY-ST-ZIP 3831 NW 21 ST, STE 202
 FT LAUDERDALE FL 33311

TITLE ☐ Delete
 NAME DT
 STREET ADDRESS LAINER, RUBEN
 CITY-ST-ZIP 1780 NW 36 TERR
 FT LAUDERDALE FL 33311

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adriene Davis* ADRIENE DAVIS

2/25/02

(954) 730-7494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0029175