

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003135**

1. Entity Name

DEVONSHIRE CONDOMINIUM INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90023 050 ****61.25

Principal Place of Business

Mailing Address

1220 NE 3RD ST
FT LAUDERDALE FL 333011220 NE 3RD ST
FT LAUDERDALE FL 33301-1706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1594998

Applied For

Not Applied

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

O'BRIEN, MARK
1220 NE 3 ST. APT. 308
FT LAUDERDALE FL 33301

Name

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

City

Guy CAVASINA**1220 NE 3 ST. APT. 308****FT. Lauderdale,****FL**

Zip Code

33301

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	FRAMPTON, SEAN	1220 NE 3 ST	FT LAUDERDALE FL 33301				
DS	BLAIR, COCHRAN	1220 NE 3 STREET	FT LAUDERDALE FL 33301				
DT	CAVASINA, GUY	1220 NE 3RD ST	FT LAUDERDALE FL				

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: X**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

954-463-6016

Date

Daytime Phone #