2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

City & State

Zip

DOCUMENT # N9900005401

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

Principal Place of Business

LAUDERDALE LAKES FL 33319

2. Principal Place of Business

WHORLEY, JAMES

4798 N.W. 41ST COURT LAUDERDALE LAKES FL 33319

the obligations of registered agent.

4798 N.W. 41ST COURT

Suite, Apt. #, etc.

City & State

SIGNATURE

DEVINE INTRAVENTION, INC.



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90765 043 ****61.25 4798 N.W. 41ST COURT 60017658 LAUDERDALE LAKES FL 33319 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1018541 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to

FILED

FILE NOW: FEE 15 \$61,25		Trust Fund Contribution.			Added to Fees Florida 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	PT WHORLEY, JAMES 4798 N.W. 41ST COURT LAUDERDALE LAKES FL 33319 VPT WHITE, VICTORIA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS - CITY-ST-ZIP	-7449 N.W. 49TH:CT= LAUDERHILL FL 33319		STREET ADDRESS CITY-ST-ZIP		 	*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, VALERIE 7060 N.W. 49TH PLACE LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, VANESSA 7260 N.W. 46TH CT LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition

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 a th all other like empowered.

SIGNATURE: