

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90221 007 \*\*\*150.00

**DOCUMENT #** P00000010900

**1. Entity Name**  
 DEVESH ENTERPRISES, INC.

**Principal Place of Business**  
 7958 WEST SAMPLE ROAD  
 MARGATE FL 33065

**Mailing Address**  
 7958 WEST SAMPLE ROAD  
 MARGATE FL 33065

868776

**2. Principal Place of Business**

Devesh Enterprises Inc  
 Suite, Apt. #, etc.

5514 N.W. 106 DR  
 City & State

Coral Springs FL

Zip Country  
 33076 U.S.A

**3. Mailing Address**

Devesh Enterprises Inc  
 Suite, Apt. #, etc.

5514 N.W. 106 DR  
 City & State

Coral Springs

Zip Country  
 33076 U.S.A

DO NOT WRITE IN THIS SPACE



**4. FEI Number** 65-0987370  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMIN, YOGESH  
 7958 WEST SAMPLE ROAD  
 MARGATE FL 33065

**7. Name and Address of New Registered Agent**

Name  
 Amin Yogesh  
 Street Address (P.O. Box Number is Not Acceptable)  
 5514 N.W. 106 DR  
 Coral Springs  
 City FL Zip Code  
 33076

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS AMIN, YOGESH  
 CITY-ST-ZIP 7958 WEST SAMPLE ROAD  
 MARGATE FL 33065

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME Amin Yogesh  
 STREET ADDRESS 5514 N.W. 106 DR  
 CITY-ST-ZIP Coral Springs FL - 33076

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23<sup>rd</sup> 02 (954) 435-6699  
 Date Daytime Phone #

CR2E034 (9/01)