

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036359

1. Entity Name
DE VITA STUDIO, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90262 007 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1940 BAY DRIVE

3. Mailing Address

1940 BAY DRIVE

Suite, Apt. #, etc.

Suite # 4

Suite, Apt. #, etc.

Suite # 4

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number

65-0997897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO, GEORGE L
407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

THOMAS DE VITA
1940 BAY DRIVE
Suite # 4
MIAMI BEACH, FLORIDA
33141

8. The above named entity submits this statement for the purpose of changing its register

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, 2001 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 PD
NAME DE VITA, THOMAS
STREET ADDRESS 6770 INDIAN CREEK DR #11D
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DE VITA THOMAS
STREET ADDRESS 1940 BAY DRIVE #4
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

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

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/01 305-299-0557

CR2E034 (10/00)