

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 24, 2001 8:00 am
Secretary of State

04-30-2001 90134 026 ***150.00

DOCUMENT # P00000060350

1. Entity Name

DEVELOR CORP.

Principal Place of Business

1602 SW 27TH TERR.
 CAPE CORAL FL 33914

Mailing Address

1602 SW 27TH TERR.
 CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1602

Suite, Apt. #, etc.

1602

City & State

Cape Coral / FL

City & State

Cape Coral / FL

Zip

33914

Country

USA

Zip

33914

Country

USA

4. FEI Number

65-1016087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVESA, BENIGNO
 1602 SW 27TH TERR.
 CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Benigno Devesa

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

1602 SW 27TH TERR

City

Cape Coral / FL

FL

Zip Code

33914

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

Benigno Devesa

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.

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 Delete
 NAME DEVESA, BENIGNO
 STREET ADDRESS 1602 SW 27TH TERR.
 CITY-ST-ZIP CAPE CORAL FL 33914

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
 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
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 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:

Benigno Devesa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-01

Date

Daytime Phone #

CR2E034 (10/00)