

UNIFORM BUSINESS REPORT (UBR) 2001

DOCUMENT # P00000064526

Entity Name

Devine Records, Inc

Principal Place of Business

Mailing Address

18459 Pines Blvd #311
Pembroke Pines FL 33029

FILED

01 MAY -3 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1042310

Applied For

Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

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

Nancy F. Raymond
18459 Pines Blvd #311
Pembroke Pines FL 33029

Name

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

City

FL

Zip Code

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

Nancy F. Raymond

Nancy F. Raymond 4/24/01

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

* 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 \$350.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO/CHAIRMAN
NAME LIONEL MCELWEE
STREET ADDRESS 18459 Pines Blvd #311
CITY-STATE-ZIP Pembroke Pines FL 33029

TITLE OFFICER
NAME MARILYN DINKINS
STREET ADDRESS 698 ORANGE AVE APT 322
CITY-STATE-ZIP LONG BEACH CA 90802

TITLE DIRECTOR
NAME JOHANNY L. MCKNIGHT
STREET ADDRESS 4328 MANHATTAN BEACH BLVD #2
CITY-STATE-ZIP LAUNDALE CA 90260

TITLE OFFICER
NAME LOREN M. JONES
STREET ADDRESS 8540 SW 180 STREET
CITY-STATE-ZIP MIAMI FL 33157

TITLE DIRECTOR
NAME NANCY F. RAYMOND
STREET ADDRESS 3000 NW 166 ST
CITY-STATE-ZIP MIAMI FL 33054

TITLE OFFICER
NAME RAYMOND HARRINGTON
STREET ADDRESS 14125 SW 109 PLACE
CITY-STATE-ZIP MIAMI FL 33176

TITLE OFFICER
NAME WILLIE HARVEY
STREET ADDRESS 21840 SW 108 COURT
CITY-STATE-ZIP MIAMI FL 33170

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
600004324078
-05/29/01 -01002--001
***635.00 ***158.75

TITLE OFFICER
NAME CLAYTON C. HILL
STREET ADDRESS 1240 NW 155 LANE APT 308
CITY-STATE-ZIP DRA-HOCICA FL 33169

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE OFFICER
NAME TAMAR PALMONE
STREET ADDRESS 1240 NW 155 LANE APT 308
CITY-STATE-ZIP DRA-HOCICA FL 33169

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

Nancy F. Raymond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR