

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 013 ***150.00

0262118 AV

DOCUMENT # P01000110869

1. Entity Name
DEVIA'S GROUP, INC.



Principal Place of Business
6865 SW 45TH LANE
APT. 7
MIAMI FL 33155

Mailing Address
6865 SW 45TH LANE
APT. 7
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

65-1154869

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEVIA, MARCO G
6865 SW 45TH LANE
APT. 7
MIAMI FL 33155

Name
Marco C Devia
Street Address (P.O. Box Number is Not Acceptable)
8213 NW 7 ST
City & State
Miami FL
Zip Code
33126

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 the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DEVIA, MARCO G**
STREET ADDRESS **6865 SW 45 LANE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **(P)** ☒ Change ☐ Addition
NAME **Devia, Marco G**
STREET ADDRESS **8213 NW 7 ST**
CITY-ST-ZIP **Miami, FL 33155**

TITLE **VD** ☐ Delete
NAME **DEVIA, MARCELA**
STREET ADDRESS **6865 SW 45TH LANE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **(VD)** ☒ Change ☐ Addition
NAME **Devia, Marcela**
STREET ADDRESS **8213 NW 7 ST**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

12/29/03 (786)

Date

Daytime Phone #

CR2E034 (10/02)