FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90050 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00114000

DOCUMENT # P02000024476

1. Entity Name
DEVELOTRAIN SOLUTIONS CONSULTING GROUP INC.

Principal Place of Business	Mailing Address
8854 NW 48TH ST SUNRISE, FL 33351	8854 NW 48TH ST SUNRISE, FL 33351

2. Principal Place of Business	3. Mailing Address
16394 NW 19th St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State:
Zip: 33028 Country: US	Zip: Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0561302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HEPBURN, MCQUAISE D
8854 NW 48TH ST
SUNRISE, FL 33351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 McQuaise Hepburn 5-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILING WITH 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 NAME STREET ADDRESS CITY-ST-ZIP	P HEPBURN, MCQUAISE D 8854 NW 48TH ST SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hepburn, McQuaise D 16394 NW 19th St Pembroke Pines FL 33028	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEPBURN, ANTOINETTE T 8854 NW48TH ST SUNRISE, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hepburn, Antoinette T 16394 NW 19th St Pembroke Pines FL 33028	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: McQuaise Hepburn 5-1-03 (954) 632-0476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #