

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90425 012 \*\*\*150.00

DOCUMENT # P02000040547

1. Entity Name  
DEVONSHIRE TRADING, INC.



Principal Place of Business  
2831 NE 185 ST #605  
AVENTURA FL 33180

Mailing Address  
2831 NE 185 ST #605  
AVENTURA FL 33180



2. Principal Place of Business

3300 NE 191ST ST  
Suite, Apt. #, etc. 1216

3. Mailing Address

3300 NE 191ST ST  
Suite, Apt. #, etc. 1216

☒ CHECK HERE IF MAKING CHANGES

City & State

FL AVENTURA

City & State

FL AVENTURA

4. FEI Number

75-3102283

Applied For  
Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

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

COHEN, AUDREY  
2831 NE 185 ST #605  
AVENTURA FL 33180

Name AUDREY COHEN

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

3300 NE 191ST ST #1216

AVENTURA

FL

Zip 33180

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 Audrey Cohen AUDREY COHEN

2-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	AUDREY COHEN	
STREET ADDRESS	3300 NE 191ST ST #1216	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PATRICIA COHEN	<input type="checkbox"/> Delete
NAME	VICE PRESIDENT	
STREET ADDRESS	3000 ISLAND BLVD #2303	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Audrey Cohen 2-20-03 305 466-3965

Date

Daytime Phone #

CR2E034 (1/0/02)