## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000042431 **DOCUMENT #**

1. Entity Name

DE JÁVO INTERNATIONIAI ENTERPRISES INIC

DEVATS	INTERIVATIONAL ENTERF	RIOEO, IINO.				
Principal Place of Business 1912 BAYOU DRIVE NAVARRE FL 32566		Mailing Address 3405 NW 9 AVENUE 1201 FT. LAUDERDALE FL 33309				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			pplied For ot Applicable	
- Zip	Gountry	Zip	Country	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
•	··-	<del>-</del>	Name			
GREENE, ELLIOT			Chront Andr	Chroat Add (DO Day Niverbay is Net Assessable)		
3405 NW 9 AVENUE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
1201						
FT. LAUDERDALE FL 33309						
II. ENOUGIDALE I C 30003			City	FL Zip Coo	de	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s registered affice or reg	stered agent, or both, in the State of Florida. I am familiar with	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered Agent signature re	puired 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\$5.0	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11	
TITLE	Р	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	PIGNEY, MARK		NAME			
STREET ADDRESS	3405 NW 9 AVENUE, #1201		STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition	
NAME	·		NAME			
STREET ADDRESS			STREET ADDRESS		-	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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**SIGNATURE:** 

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**FILED** 

Jan 22, 2003 8:00 am

**Secretary of State** 

01-22-2003 90161 010 \*\*\*150.00