

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90102 004 ***150.00

DOCUMENT # P95000078266

1. Entity Name

DEVELOPMENT & PRODUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

**30 WEST HASHTA DRIVE
 SUITE 405
 KEY BISCAINE FL 33149**

**30 WEST HASHTA DRIVE
 SUITE 405
 KEY BISCAINE FL 33149**

2. Principal Place of Business

240 GLENRIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

240 GLENRIDGE ROAD

Suite, Apt. #, etc.

City & State

KEY BISCAINE, FL

City & State

KEY BISCAINE, FL

Zip
33149

Country

Zip
33149

Country

4. FEI Number

65-0612353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GELFAND, ELLIOTT J
 9400 S. DADELAND BLVD.
 STE 100
 MIAMI FL 33156**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **P HERMAN, VALERIUS**
 STREET ADDRESS **30 WEST HASHTA DRIVE**
 CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE OF VALERIUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

305 361 2230

Daytime Phone #

CR2E034 (9/01)