

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011905

1. Entity Name

M DEVARONA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90164 010 ***150.00

Principal Place of Business

6224 SW 139TH COURT
 MIAMI FL 33183-1916
 US

Mailing Address

6224 SW 139TH COURT
 MIAMI FL 33183-1916
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0733809

Applied For

Not Applicable

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

DEVARONA, MARTINA P
 1093 S.W. 129TH AVE.
 MIAMI FL 33184

Name

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

6224 SW 139th COURT

City

MIAMI

FL

Zip Code

33183-1916

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

Martina P. Devarona

MARTINA P. DEVARONA President

04/29/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
 NAME PEREZ, MARINA
 STREET ADDRESS 12820 S.W. 43 DRIVE, APT. 230
 CITY-ST-ZIP MIAMI FL 33175

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

TITLE P ☐ Delete
 NAME DEVARONA, MARTINA P
 STREET ADDRESS 1093 S.W. 129TH AVE.
 CITY-ST-ZIP MIAMI FL 33184

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6224 SW 139th COURT
 CITY-ST-ZIP MIAMI FL 33183-1916

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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:

Martina P. Devarona

MARTINA P. DEVARONA

04/29/2000

(305) 787-5259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)