

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

FILED

02 MAY -8 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016915  
1. Entity Name  
Developex International, Inc.

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business 95 Merrick Way Suite, Apt. #, etc. Suite 440 City & State Coral Gables, FL Zip 33134 Country USA		3. Mailing Address 95 Merrick Way Suite, Apt. #, etc. Suite 440 City & State Coral Gables, FL Zip 33134 Country USA	
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4. FEI Number 65-0868706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Luis F. De la Cruz, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 95 Merrick Way	
City Coral Gables	FL
Zip Code 33134	

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 re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY- ST- ZIP	PSD Wilches, Luis Guillermo P.O. Box 585 Key Biscayne, FL 33149
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	300005574349--7 -05/20/02--01046--005 ****350.00 ****150.00
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305) 365-89154  
Date Daytime Phone #

CR2E034B (12/01)