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FILED
Jun 24, 2002 8:00 am
Secretary of State

05-21-2002 91200 026 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043883

1. Entity Name
DVTS, INC.

Principal Place of Business
3241 NW 82ND AVE.
MIAMI FL 33122

Mailing Address
3241 NW 82ND AVE.
MIAMI FL 33122

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0837618 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAGO, FRANCISCO A
62123 SW 5TH COURT
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent
Name: MARCO DIECI
Street Address (P.O. Box Number is Not Acceptable): 12123 SW 5TH COURT
City: Pemberoke Pines FL Zip Code: 33025

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	☒ Delete
NAME	MAGO, FRANCISCO A	
STREET ADDRESS	12123 SW 5 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VSD	☐ Delete
NAME	OLIVEROS, LUCINA M	
STREET ADDRESS	12123 SW 5 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☐ Change ☒ Addition
NAME	DIECI, MARCO	
STREET ADDRESS	12123 SW 5TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VSD / SECRETARY	☒ Change ☐ Addition
NAME	OLIVEROS, LUCINA	
STREET ADDRESS	787 SW 118 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	TREASUARY	☐ Change ☒ Addition
NAME	MAGO, ROSAFRANCIA	
STREET ADDRESS	12123 SW 5TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ARANGU, LUIS	
STREET ADDRESS	AV. MICHELENA. RES. HERITAGE I APT 12 A	
CITY-ST-ZIP	VALENCIA - CARABOBO - VENEZUELA	
TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	ROJAS, MARINA	
STREET ADDRESS	CALLE 137 RES. SENECA APT. 13-C	
CITY-ST-ZIP	VALENCIA - CARABOBO - VENEZUELA	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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] SIGNATURE REQUIRED — 4-29-02 (Date) — 305-4365256 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR