

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

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

05-21-2002 91200 026 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0837618**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 **Pembroke 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 typed or printed name of Registered Agent and fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
 NAME **MAGO, FRANCISCO A**
 STREET ADDRESS **12123 SW 5 COURT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **PTD** ☐ Change ☒ Addition
 NAME **DIECI, MARCO**
 STREET ADDRESS **12123 SW 5TH CT.**
 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 **VSD / SECRETARY** ☒ Change ☐ Addition
 NAME **OLIVEROS, LUCINA**
 STREET ADDRESS **787 SW 118 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURARY** ☐ Change ☒ Addition
 NAME **MAGO, ROSAFRANCIA**
 STREET ADDRESS **12123 SW 5TH COURT**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ARANGU, LUIS**
 STREET ADDRESS **AV. MICHELENA. RES. HERITAGE I Apt 12A**
 CITY-ST-ZIP **VALENCIA - CARABOBO - VENEZUELA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☐ Addition
 NAME **ROJAS, MARINA**
 STREET ADDRESS **CALLE 137 RES. SENECA APT. 13-C**
 CITY-ST-ZIP **VALENCIA - CARABOBO - VENEZUELA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

305-4365256

Daytime Phone #

CR2E034 (9/01)