

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90046 029 \*\*\*150.00

DOCUMENT # P98000067246

1. Entity Name  
DAVALIS ENTERPRISES, INC.



Principal Place of Business  
18566 NE 18 AVE #109  
NORTH MIAMI BEACH FL 33179

Mailing Address  
7771 NW 41ST STREET  
DAVIE FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Davie, Florida

City & State

4. FEI Number 65-0856206

Applied For

Not Applicable

Zip 33024

Country USA

Zip

Country

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

SEVILLA, RALPH

7771 NW 41 ST STREET

DAVIE FL 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SEVILLA, RALPH  
7771 NW 41ST STREET  
HOLLYWOOD FL 33024 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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SEVILLA, SUSY M  
7771 NW 41ST STREET  
HOLLYWOOD FL 33024 ☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-03

905 343-5912

CR2E034 (10/02)