

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028174

1. Entity Name

DEVONSHIRE MANAGEMENT, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90006 006 \*\*\*550.00

Principal Place of Business

518 PALM DRIVE  
HALLANDALE FL 33009

Mailing Address

518 PALM DRIVE  
HALLANDALE FL 33009

2. Principal Place of Business

210 THORNTON DRIVE 7100-39 FAIRWAY DR.

3. Mailing Address

Suite, Apt. #, etc.

PALM BEACH GARDENS PMB 213

City & State

FL

City & State

PALM BEACH GARDENS

Zip

Country

33418 USA

Zip

Country

33418 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, IRA R  
16375 NE 18 AVE STE 225  
MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS SENEAL, DAVID  
CITY-ST-ZIP 518 PALM DRIVE  
HALLANDALE FL 33009

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SENEAL, CATHERINE  
CITY-ST-ZIP 518 PALM DRIVE  
HALLANDALE FL 33009

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 ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS SENEAL, DAVID  
CITY-ST-ZIP 210 THORNTON DR.  
PALM BEACH GARDENS FL 33418

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS SENEAL, CATHERINE  
CITY-ST-ZIP 210 THORNTON DR.  
PALM BEACH GARDENS FL 33418

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

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

TITLE ☐ Change ☐ Addition  
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:

*David Seneal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG-4-2000

Date

Daytime Phone #

561-776-4155

CR2E034 (5/00)