

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED

May 02, 2000 8:00 am
Secretary of State

02-26-2000 90058 029 ***150.00

DOCUMENT # P99000028944

1. Entity Name

DEVICA CORPORATION

Principal Place of Business

Mailing Address

611 LYONS RD #8207
COCONUT CREEK FL 33063611 LYONS RD #8207
COCONUT CREEK FL 33063-6716

(new address)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3441 NW 44th
Suite, Apt. #, etc.
#1063441 NW 44th St
Suite, Apt. #, etc.
#106City & State
Oakland City Park, FLCity & State
Oakland City Park FL4. FEI Number
65-0903513Applied For
Not ApplicableZip
33309 Country
USAZip
33309 Country
USA5. 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

JAGROOP, SAMANTHA
611 LYONS RD #8207
COCONUT CREEK FL 33063

new address →

Name
Samantha JagroopStreet Address (P.O. Box Number is Not Acceptable)
3441 NW 44th St #106City
Ft. Lauderdale, FL - FL Zip Code
33309

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 *Samantha Jagroop*

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO, Director, Reg. Agt.
Samantha Jagroop
3441 NW 44th St #106
Oakland Park, FL 33063☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Thomas Curney
611 LYONS RD #8207
COCONUT CREEK, FL 33063☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Samantha Jagroop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb - 16 - 2000 954-714-6605

Date

Daytime Phone #

CR2E034 (9/99)