2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028944

1. Entity Name

DEVICA CORPORATION

FILED
00 AUG 31 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
611 LYONS RD #8207 COCONUT CREEK FL 33063	611 LYONS RD #8207 COCONUT CREEK FL 33063-6716

(new address)

2. Principal Place of Business	3. Mailing Address
5401 NW 15th ave	5401 NW 15th ave
Suite, Apt. #, etc.: n/a	Suite, Apt. #, etc.: n/a
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0903513 ☐ Applied For ☐ Not Applicable

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
JAGROOP, SAMANTHA 611 LYONS RD #8207 COCONUT CREEK FL 33063 new address →	Name: Samantha Jagroop Street Address (P.O. Box Number is Not Acceptable): 3575 W. Atlantic Blvd #116 City: ~~Ft. Lauderdale, FL~~ Pompano Beach FL Zip Code: 33063

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) 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 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO, Director, Reg. Agt. ☐ Delete Samantha Jagroop 3575 W. Atlantic Blvd #116 Pompano Beach, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003390002--6 -09/12/00--01061--010 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Vice President~~ ☒ Delete Thomas Curney 611 Lyons Rd #8207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New Vice President ☐ Change ☒ Addition Corwin Zimmer 5401 NW 15th ave, Ft. Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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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: X Samantha Jagroop — Feb-16-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #