

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028944

1. Entity Name
DEVICA CORPORATION

Principal Place of Business

5401 NW 15TH AVE
FT. LAUDERDALE FL 33309
US

Mailing Address

5401 NW 15TH AVE
FT. LAUDERDALE FL 33309
US

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 **65-0903513**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAGROOP, SAMANTHA
3575 W. ATLANTIC BLVD. #116
POMPANO BEACH FL 33063

7. Name and Address of New Registered Agent

Name **Samantha Jagroop**
Street Address (P.O. Box Number is Not Acceptable)
409 SWIST COURT # 202

City **Pompano Beach** FL Zip Code **33060**

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 \$150.00
After MAY 1, 2001 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

TITLE **CEO** ☐ Delete
NAME **JAGROOP, SAMANTHA**
STREET ADDRESS **3575 W. ATLANTIC BLVD. #116**
CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE **VP** ☐ Delete
NAME **ZIMMER, CORWIN**
STREET ADDRESS **5401 NW 15TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: Samantha D. Jagroop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8-2001 954-351-2008
Date Daytime Phone #

FILED

Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90024 025 ***150.00

00004226



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)