

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90152 015 ***150.00

AV

DOCUMENT # P99000094857

1. Entity Name
DEVELO-PRO ENTERPRISE CORPORATION

Principal Place of Business

**9752 PINEY POINT CIR
 ORLANDO FL 32825**

Mailing Address

~~6181 RALEIGH CIR
 #1814
 ORLANDO FL 32835~~

**6105 RALEIGH ST
 #301
 ORLANDO, FL 32835**



2. Principal Place of Business

3. Mailing Address

6105 RALEIGH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32835

4. FEI Number

59-3609497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GERSTEIN, WILLIAM
 1300 N FEDERAL HWY
 #203
 BOCA RATON FL 33432~~

**WILLIAM GERSTEIN
 700 SOUTH FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON FL 33432-6128**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **HURTADO, JUAN CARLOS**
 CITY-ST-ZIP **6181 RALEIGH ST #1814
 ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **HURTADO, JUAN CARLOS**
 CITY-ST-ZIP **6105 RALEIGH ST #301
 ORLANDO, FL 32835**

TITLE ☐ Delete
 NAME **VSTD**
 STREET ADDRESS **CORRERA, LUIS GUILLERMO**
 CITY-ST-ZIP **6181 RALEIGH CIR #1814
 ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
 NAME **VSTD**
 STREET ADDRESS **CORREA, LUIS GUILLERMO**
 CITY-ST-ZIP **6105 RALEIGH ST #301
 ORLANDO, FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04,20,02 (407)4686833
 Date Daytime Phone #

CR2E034 (9/01)