

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90481 047 ***150.00

DOCUMENT # P01000076317

1. Entity Name
E. V. A. GLOBAL, INC.

Principal Place of Business Mailing Address
6470 MAIN STREET, #7-205 **6470 MAIN STREET, #7-205**
MIAMI LAKES FL 33014 **MIAMI LAKES FL 33014**

2. Principal Place of Business 3. Mailing Address
2464 CENTERGATE DR. **2464 CENTERGATE DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201 **# 201**
 City & State City & State
MIRIMAR, FL **MIRIMAR, FL**
 Zip Country Zip Country
33025 **USA** **33025** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANTONIO, EMMANUEL V
6470 MAIN STREET, #7-205
MIAMI LAKES FL 33014

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 *Emmanuel V. Antonio* **PRESIDENT** **04-09-02**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ANTONIO, EMMANUEL V 6470 MAIN STREET, #7-205 MIAMI LAKES FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D ANTONIO, EMMANUEL V 2464 CENTERGATE DR. #201 MIRIMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Emmanuel V. Antonio* **04-09-02** **786-208-0753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRET

CR2E034 (9/01)