FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90413 013 ***158.75

DOCUMENT # P03000150928

1. Entity Name

EVORA INVESTMENT, INC.

44031238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10975 S.W. 107 Street	10975 S.W. 107 Street
Suite, Apt. #, etc. Apt. 115	Suite, Apt. #, etc. Apt. 115
City & State Miami, Florida	City & State Miami, Florida
Zip 33176 Country Miami-Dade	Zip 33176 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2119538 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Armando Evora

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

10975 S.W. 107 Street, Apt. 115

City Miami **FL** Zip Code 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Armando Evora PTSD 10975 S.W. 107 St.Apt. 115 Miami, Florida 33176
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ARMANDO EVORA 4/15/04 (305) 218-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #