## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 162364** 1. Entity Name L.P. EVANS SOUTHWEST MOTORS, INC. 04-11-2001 90067 009 \*\*\*158.75 Principal Place of Business Mailing Address 612 SE 5TH AVE STE #4 5005 STILLWATER TERR FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33330 2. Principal Place of Business 3. Mailing Address 人しご 412 SE 5 GIZ SE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suire City & State FT LAUDERDALE City & State 4. FEI Number Applied For 59-0674713 AUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 333cı USA 45A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAMOS D. EVANS **EVANS, JAMES D** 6520 SW 134 DR **MIAMI FL 33156** Swite #1 audurance 30/ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Delete TITLE ☐ Change TITLE NAME EVANS, JAMES D NAME STREET ADDRESS 6520 SW 134TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Delete Change ☐ Addition 540 NAME AMARO, NICHOLAS NAME 612 SE 5th AUG SUITE #1 STREET ADDRESS 5005 STILLWATER TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33330 TITLE **Change** Addition ☐ Delete TITLE NAME EVANS, JAMES D JR NAME GIZ SE 5th AUG Sungel STREET ADDRESS 7250 S PRESTWICK PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Addition TITLE ☐ Delete TITLE Change NAME **EVANS, MARILYN A** NAME STREET ADDRESS STREET ADDRESS 6520 SW 134TH DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Delete ☐ Addition TITLE □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of truetee 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