

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 202155

1. Entity Name

EVERGLADES WAREHOUSES CORP.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90088 019 ***158.75

Principal Place of Business

6991 S.W. 8TH STREET
MIAMI FL 33144

Mailing Address

6991 S.W. 8TH STREET
MIAMI FL 33144-4743

2. Principal Place of Business

7086 S.W. 4TH STREET

Suite, Apt. #, etc.

3. Mailing Address

7086 S.W. 4TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

59-0802200

Applied For

Not Applicable

Zip

33144

Country

MIAMI DABE

Zip

33144

Country

MIAMI DABE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENTO, OSVALDO SR
6991 SW 8TH STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
VENTO OSVALDO SR.

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

7086 S.W. 4TH STREET

City

MIAMI

FL

Zip Code

33144

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	VENTO, OSVALDO	
STREET ADDRESS	250 S.W. 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	VENTO, LILIA	
STREET ADDRESS	250 S.W. 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	GOITIA, CARMEN	
STREET ADDRESS	2321 SW 92 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MALE LILIA M. VENTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	250 S.W. 84TH AVE	
STREET ADDRESS	MIAMI FL 33144	
CITY-ST-ZIP		
TITLE	V.P. SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSVALDO M. VENTO	
STREET ADDRESS	250 S.W. 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000

Date

(305) 246 5011

Daytime Phone #

CR2E034 (9/99)