## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2003 8:00 am **Secretary of State** 202155 DOCUMENT # 1. Entity Name 01-24-2003 90118 044 \*\*\*150.00 EVERGLADES WAREHOUSES CORP. Principal Place of Business Mailing Address 7086 SW 4TH ST 7086 SW 4TH ST MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 59-0802200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENTO, OSVALDO SR \_ -Street Address (P.O. Box Number is Not Acceptable) 7086 SW 4TH ST MIAMI FL 33144 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition VENTO, OSVALDO NAME STREET ADDRESS 250 S.W. 84TH AVE STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition VENTO, LILIA NAME NAME 250 S.W. 84TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami fl CITY-ST-ZIP VΡ Change TITLE ☐ Delete TITLE ☐ Addition VENTO: OSVALDO: M-NAME 250 SW 84TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE □ Change Addition STREET ADDRESS STREET ADDRESS

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empow

CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

SIGNATURE:

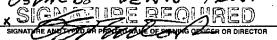
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TITLE

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☐ Defete

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Addition

**FILED** 

CR2E034 (10/02)