

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90208 044 ***150.00

00073923

DO NOT WRITE IN THIS SPACE

DOCUMENT # K10715
1. Entity Name
 Evermore Realty Corporation

Principal Place of Business
Mailing Address

2. Principal Place of Business P.O. Box 154
 Suite, Apt. #, etc.
3. Mailing Address 4805 W. LAUREL ST
 Suite, Apt. #, etc.

City & State Plant City FLA
City & State TAMPA FLA
Zip 33566 **Country**
Zip 33607 **Country**

4. FEI Number 58-1767913
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Steven P. Riley
 3333 Henderson Blvd. #150
 Tampa Florida 33609

7. Name and Address of New Registered Agent
 Name: Steven P. Riley
 Street Address (P.O. Box Number is Not Acceptable)
 4805 W. Laurel St. Suite 230
 City: TAMPA FL Zip: 33607

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. Cheng PO Box 64086 Flushing NY 11364 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
 Date: 4/13/00
 Daytime Phone #

CR2E034 (9/99)