

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90124 030 ***150.00

DOCUMENT # K65987

1. Entity Name
EVERGREEN FINANCE CORP.

Principal Place of Business
384 S. MILITARY TRAIL
DEERFIELD BCH FL 33442
US

Mailing Address
384 S. MILITARY TRAIL
DEERFIELD BCH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0161257**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, ARNOLD S.
384 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, ARNOLD S.	
STREET ADDRESS	384 SO MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MARLENE J	
STREET ADDRESS	942 EVERGREEN DR.	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		<input type="checkbox"/> Delete
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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: *MARLENE GOLDSTEIN* **4/16/02 954-480-8543**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)