

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90131 013 ***150.00

DOCUMENT # L01000001611

1. Entity Name

EVCO SEALING SYSTEMS, LLC

Principal Place of Business

**ONE SOUTHEAST THIRD AVE. 28TH FLOOR
 C/O LISA A. LANDY ESQ.
 MIAMI FL 33131**

Mailing Address

**ONE SOUTHEAST THIRD AVE. 28TH FLOOR
 C/O LISA A. LANDY ESQ.
 MIAMI FL 33131**

2. Principal Place of Business

2165 Sunnydale Blvd.,

3. Mailing Address

2165 Sunnydale Blvd.,

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip
33765

Country
U.S.A.

Zip
33765

Country
U.S.A.

4. FEI Number

59-5702691

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEMBER** ☐ Delete
 NAME **EVCO, SA**
 STREET ADDRESS **Les Petites Roches**
 CITY-ST-ZIP **Trept 38460 Cremieu, France**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete
 NAME **ILSE CAMACHO**
 STREET ADDRESS **Les Petites Roches**
 CITY-ST-ZIP **Trept 38460 Cremieu, France**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ilse Camacho* **Ilse Camacho, Manager**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

14-03-02 (727) 442-1778

Date Daytime Phone #

CR2E083 (9/01)