

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005528
AF

DOCUMENT # L98000002098

1. Entity Name
EVANLEO, L.C.

00 APR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7701 N.W. 11TH COURT
PLANTATION FL 33322

Mailing Address

7701 N.W. 11TH COURT
PLANTATION FL 33322-5112

2. Principal Place of Business

1305 POINSETTIA DR

Suite, Apt. #, etc.

BAY 1

City & State

DELRAY BEACH FL

Zip

33444

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MDM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0588102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONE, GEROME

7701 N.W. 11TH COURT
PLANTATION FL 33322

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

9.

MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LEONE, GEROME
7701 N.W. 11TH COURT
PLANTATION FL 33322

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
EVANOFF, MICHELLE
7701 N.W. 11TH COURT
PLANTATION FL 33322

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED GEROME C LEONE

Date

Daytime Phone #

APR 21-2000 561-276-7101

CR2E083 (9/99)