

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000001386**

1. Entity Name

**EVERGINA ECONOMIC DEVELOPMENT, INC.****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90235 017 \*\*\*\*61.25

0045914

Principal Place of Business

Mailing Address

~~2001 SW 37TH TERRACE~~ **1971 SW 37 Terr**  
**FT LAUDERDALE FL 33312**  
**US**  
**3143 N.W. 40TH ST.**  
**LAUDERDALE LAKES FL 33309**

2. Principal Place of Business

**1971 SW 37 Terr**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State **the SAME**

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0733386**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WELCH, EUGENIA**  
**3143 N.W. 40TH ST.**  
**LAUDERDALE LAKES FL 33309**

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WELCH, EUGENIA**  
STREET ADDRESS **3143 N.W. 40TH ST.**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**TITLE **SD** ☐ Delete  
NAME **GLOVER, ROSBY**  
STREET ADDRESS **9061 N.W. 11TH COURT**  
CITY-ST-ZIP **PLANTATION FL 33318**TITLE **TD** ☐ Delete  
NAME **STEWART, SHENEDRA**  
STREET ADDRESS **2001 SW 37 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33312**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1760 Fairfax Drive**  
CITY-ST-ZIP **Ft Laud, FL 33312**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-01 (953) 486-0744**

CR2E037 (10/00)