

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004275

1. Entity Name

EVERGLADES HAMMOCK, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90084 030 \*\*\*\*70.00

Principal Place of Business

19308 S.W. 380TH STREET  
FLORIDA CITY FL 33034

Mailing Address

POST OFFICE BOX 343529  
HOMESTEAD FL 33034-0529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959125

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

WELLER, THOMAS  
65 N.W. 16TH STREET  
HOMESTEAD FL 33030

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KIRK, STEVEN  
CITY-ST-ZIP 19308 S.W. 380TH STREET  
FLORIDA CITY FL 33034

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GONZALEZ, DIANA  
CITY-ST-ZIP 8235 S.W. 60TH COURT  
SOUTH MIAMI FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JENSEN, ROBERT  
CITY-ST-ZIP 18640 S.W. 295TH TERRACE  
HOMESTEAD FL 33032

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOPEZ, ARTURO  
CITY-ST-ZIP 305 SOUTH FLAGLER STREET  
HOMESTEAD FL 33030

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PERALES, IRMA  
CITY-ST-ZIP 19340 S.W. 377TH STREET  
FLORIDA CITY FL 33034

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS FERNANDO Pro JR.  
CITY-ST-ZIP 20310 SW 106th Avenue  
MIAMI, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

3/2/00

Date

Daytime Phone #

305-242-2142

CR2E037 (9/99)