

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90273 023 \*\*\*\*70.00

**DOCUMENT # N99000004275**

1. Entity Name

**EVERGLADES HAMMOCK, INC.**

Principal Place of Business

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

Mailing Address

**POST OFFICE BOX 343529  
HOMESTEAD FL 33034**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0959425**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete  
NAME **KIRK, STEVEN**  
STREET ADDRESS **19308 S.W. 380TH STREET**  
CITY-ST-ZIP **FLORIDA CITY FL 33034**TITLE **D** ☐ Delete  
NAME **GONZALEZ, DIANA**  
STREET ADDRESS **8235 S.W. 60TH COURT**  
CITY-ST-ZIP **SOUTH MIAMI FL**TITLE **D** ☐ Delete  
NAME **JENSEN, ROBERT**  
STREET ADDRESS **18640 S.W. 295TH TERRACE**  
CITY-ST-ZIP **HOMESTEAD FL 33032**TITLE **D** ☐ Delete  
NAME **LOPEZ, ARTURO**  
STREET ADDRESS **305 SOUTH FLAGLER STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**TITLE **D** ☐ Delete  
NAME **PRO, JR, FERNANDO**  
STREET ADDRESS **20310 SW 106TH AVE**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ 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  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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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 address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**STEVEN Kirk 02128102 305-242-2142**

Date

Daytime Phone #

CR2E037 (9/01)