

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000004736**

1. Entity Name

**Eva's Angels**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 9:42

Principal Place of Business

Mailing Address

**3150 N. Harbor City Blvd #131  
Melbourne, FL 32935**

2. Principal Place of Business

3. Mailing Address

**Same**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVA SAVALES**

**3150 N. HARBOR CITY BLVD  
Melbourne, FL 32935 #131**

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

**Eva Savales**

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 **D** **EVA SAVALES** ☐ Delete  
NAME **3150 N Harbor City Bl #131**  
STREET ADDRESS **Melbourne, FL 32935**  
CITY-ST-ZIP

TITLE **PD** **Alco-Rest** ☐ Delete  
NAME **1050 W. King St.**  
STREET ADDRESS **Cocoa, FL 32922**  
CITY-ST-ZIP

TITLE **VTSO** **Maryann Asunsion** ☐ Delete  
NAME **1224 Aurard Rd**  
STREET ADDRESS **Melbourne, FL 32935**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **200003417882--0**  
STREET ADDRESS **-10/09/00--01005--015**  
CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE ☐ Change ☐ Addition  
NAME **200003417882--0**  
STREET ADDRESS **-10/09/00--01005--016**  
CITY-ST-ZIP **\*\*\*\*\*8.75 \*\*\*\*\*8.75**

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

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

TITLE ☐ Change ☐ Addition  
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:

**Eva Savales**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

**AD**