

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004736

1. Entity Name

EVA'S ANGELS, INC.

**FILED**  
Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90248 028 \*\*\*\*61.25

Principal Place of Business

3150 NO. HARBOR CITY #131  
MELBOURNE FL 32935

Mailing Address

3150 NO. HARBOR CITY #131  
MELBOURNE FL 32935

2. Principal Place of Business

3150 N Harbor City Bl.  
Suite, Apt. #, etc. 131

3. Mailing Address

3150 N Harbor City Bl.  
Suite, Apt. #, etc. 131

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

Brevard

Zip

32935

Country

Brevard

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVALES, EVA  
3150 NO. HARBOR CITY #131  
MELBOURNE FL 32935  
(321) 254-6148

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.

No change

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  
NAME SVALEZ, EVA  
STREET ADDRESS 3150 NO. HARBOR CITY  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE PD  
NAME REST, ALCO  
STREET ADDRESS 1050 W. KING STREET  
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE VTSD  
NAME ASUNSION, MARY ANN  
STREET ADDRESS 1224 AURORO RD  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition *no*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition *no*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition *no*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition *no*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition *no*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition *no*

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

2,7,01

321-254-6148

Daytime Phone #

CR2E037 (10/00)