

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-22-2002 90097 037 ****61.25

DOCUMENT # N99000004736

1. Entity Name

EVA'S ANGELS, INC.

Principal Place of Business

Mailing Address

3150 N HARBOR CITY BLVD.
131
MELBOURNE FL 32935

3150 N HARBOR CITY BLVD.
131
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596882

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SAVALES, EVA
3150 NO. HARBOR CITY
131
MELBOURNE FL 32935

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

☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition

TITLE **D**
NAME **SAVALEZ, EVA**
STREET ADDRESS **3150 NO. HARBOR CITY**
CITY- ST- ZIP **MELBOURNE FL 32935**

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

TITLE **VTSD**
NAME **ASUNSION, MARY ANN**
STREET ADDRESS **1224 AURORA RD**
CITY- ST- ZIP **MELBOURNE FL 32935**

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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 REQUIRED*Eva Savales January 8, 2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

321-757-5691

CR2E037 (9/01)