


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90183 043 ***150.00

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DOCUMENT # P00000012591	
1. Entity Name EVINCO INCORPORATED	

Principal Place of Business 7435 WEST 18TH LANE HIALEAH FL 33014	Mailing Address 7435 WEST 18TH LANE HIALEAH FL 33014
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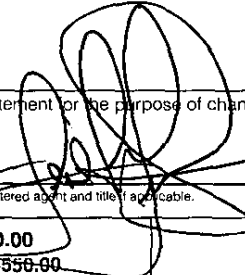
2. Principal Place of Business 7344 SW 48th Street Suite 202 Miami, FL 33155 USA	3. Mailing Address 7344 SW 48th Street Suite 202 Miami, FL 33155 USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0980429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LINARES, JOSE A 7435 WEST 18TH LANE HIALEAH FL 33014	7. Name and Address of New Registered Agent Name: LINARES, JOSE A. Street Address (P.O. Box Number is Not Acceptable): 7344 SW 48th Street, Sk 202 City: Miami FL Zip Code: 33155
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstalling) DATE: 5/6/03

FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCEO NAME: LINARES, JOSE A STREET ADDRESS: 5808 SW 69TH AVENUE CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CF NAME: MEKSE, GEORGE F STREET ADDRESS: 4533 SW 147TH COURT CITY-ST-ZIP: MIAMI FL 33185	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: RODRIGUEZ, OROSMAN B STREET ADDRESS: 7435 WEST 18TH LANE CITY-ST-ZIP: HIALEAH FL 33014	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: RODRIGUEZ, SERGIO R STREET ADDRESS: 7435 WEST 18TH LANE CITY-ST-ZIP: HIALEAH FL 33014	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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**

5/6/03 786-298-1230

Date Daytime Phone #

CR2E034 (10/02)