

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90095 043 \*\*\*158.75

**DOCUMENT # P00000032711**

1. Entity Name  
**EDWIN EVALLE INC.**

Principal Place of Business      Mailing Address  
**4700 HIATUS RD SUITE 253**      **4700 HIATUS RD SUITE 253**  
**SUNRISE FL 33351**      **SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
~~4700 HIATUS RD.~~      ~~SAME~~  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
~~SUITE 253~~  
 City & State      City & State  
~~SUNRISE FL.~~  
 Zip      Country      Zip      Country  
~~33351~~      ~~BROWARD~~

4. FEI Number      Applied For  
**65-1001279**      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  
**EVALLE, EDWIN**      Name **EDWIN EVALLE**  
**10740 LAGO WELLEBY DR.**      Street Address (P.O. Box Number is Not Acceptable)  
**SUNRISE FL 33351**      **10740 LAGO WELLEBY DR.**  
 City **SUNRISE**      FL      Zip Code **33351**

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      DATE **1-19-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**      10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>EVALLE, EDWIN</b> <b>4700 HIATUS RD SUITE 253</b> <b>SUNRISE FL 33351</b> <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
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:      DATE **1-19-01**      DAYTIME PHONE # **954-746-4114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

02 11

CR2E034 (10/00)