

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000081735

1. Entity Name
EVASON ENTERPRISES, INC.

FILED

02 APR 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 SOUTH BISCAYNE BLVD

Suite, Apt. #, etc.
LOWER LEVEL 007

City & State
MIAMI FLA

Zip
33131

Country

3. Mailing Address
740 W 69 PLACE

Suite, Apt. #, etc.

City & State
HIALEAH, FLA

Zip
33014

Country

4. FEI Number
65-1036562

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ESTHER GONZALEZ

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

740 W 69 PL

City Hialeah

FL

Zip Code 33014

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 ESTHER GONZALEZ (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

4-21-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT
NAME ESTHER GONZALEZ
STREET ADDRESS 740 W 69 PL HIALEAH, FL 33014
CITY-ST-ZIP

TITLE
NAME RAUL GONZALEZ JR
STREET ADDRESS 6580 SW 92 AVE
CITY-ST-ZIP MIAMI FL 33173

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ESTHER GONZALEZ ESTHER GONZALEZ 4-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)