

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-07-2003 90139 031 \*\*\*150.00

0143757 AV

**DOCUMENT # P00000081735**

**1. Entity Name**  
**EVASON ENTERPRISES, INC.**



**Principal Place of Business**  
**2 SOUTH BISCAYNE BLVD**  
**LOWER LEVEL 007**  
**MIAMI FL 33131**

**Mailing Address**  
**740 W 69 PLACE**  
**HIALEAH FL 33014**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1036562**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**GONZALEZ, ESTHER**  
**740 WEST 60TH PLACE**  
**HIALEAH FL 33014**

**Name**  
**GONZALEZ, RAUL**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**740 WEST 69TH PLACE**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ Delete  
**NAME** **GONZALEZ, ESTHER**  
**STREET ADDRESS** **740 WEST 60TH PLACE**  
**CITY-ST-ZIP** **HIALEAH FL 33014**

**TITLE** **SECRETARY** ☒ Change ☐ Addition  
**NAME** **GONZALEZ, ESTHER**  
**STREET ADDRESS** **740 W. 69TH PLACE**  
**CITY-ST-ZIP** **HIALEAH, FL 33014**

**TITLE** **V** ☒ Delete  
**NAME** **GONZALEZ, RAUL J**  
**STREET ADDRESS** **6580 SW 92ND AVENUE**  
**CITY-ST-ZIP** **MIAMI FL 33173**

**TITLE** **VICE PRESIDENT AND TREAS.** ☒ Change ☐ Addition  
**NAME** **RAUL J. GONZALEZ, JR.**  
**STREET ADDRESS** **6580 SW. 92ND AVE.**  
**CITY-ST-ZIP** **MIAMI, FL 33173**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **DIRECTOR AND PRESIDENT** ☐ Change ☒ Addition  
**NAME** **GONZALEZ, RAUL**  
**STREET ADDRESS** **740 W. 69TH PLACE**  
**CITY-ST-ZIP** **HIALEAH, FL 33014**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**RAUL GONZALEZ, DIRECTOR**

**4/29/2003**  
Date

**305 -**  
**372-5095**  
Daytime Phone #

CR2E034 (10/02)