

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90199 004 ***150.00

DOCUMENT # P00000087584

1. Entity Name

EVERGLADES BRANDS CORP.

Principal Place of Business

C/O MICHAEL ORTIZ
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

Mailing Address

C/O MICHAEL ORTIZ
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

2. Principal Place of Business

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1044203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
ORTIZ, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD - PH 6

City

CORAL GABLES,

FL

Zip Code
33134

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 Michael Ortiz 4/23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
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

TITLE **PD** ☐ Delete
NAME **Rolando C. Vazquez**
STREET ADDRESS **4960 S.W. 72 Avenue - Suite 308**
CITY-ST-ZIP **Miami, FL 33155**

TITLE **S.T. D.** ☐ Delete
NAME **Cesar Gafaro**
STREET ADDRESS **4960 S.W. 72 Avenue - Suite 308**
CITY-ST-ZIP **Miami, FL 33155**

TITLE **VP D** ☐ Delete
NAME **Paul Embury**
STREET ADDRESS **4960 S.W. 72 Avenue - Suite 308**
CITY-ST-ZIP **Miami, FL 33155**

TITLE **VP** ☐ Delete
NAME **Michael Ortiz**
STREET ADDRESS **2600 Douglas Road PH 6**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz
Michael Ortiz
Vice President

Date

4/30/01

Daytime Phone #

476 5240
305 42024

CR2E034 (10/00)