

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

021879 AV

DOCUMENT # P01000001434

1. Entity Name
EVOLUTION USA, INC.

04-02-2002 90766 001 ***150.00
 04-02-2002 90766 002 *****8.75

Principal Place of Business
2915 BISCAYNE BLVD.
SUITE 303
MIAMI FL 33137

Mailing Address
2915 BISCAYNE BLVD.
SUITE 303
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1997007

Applied For

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

~~JACOBOWITZ, MELVIN J~~
~~11900 BISCAYNE BLVD.~~
~~SUITE 720~~
~~MIAMI FL 33181~~

Name

John Bohatch

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

PENTHOUSE D, Douglas Center

2600 Douglas Road

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

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

John S. Bohatch, Esquire

(NOTE: Registered Agent signature required when registered agent is changed)

DATE

3/20/02

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DUBARRY, FRANCK**
 CITY-ST-ZIP **2915 BISCAYNE BLVD. SUITE 303**
MIAMI FL 33137

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

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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 REQUIRED

03/20/02

(305) 442-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franck Dubarry, Director

Date

Daytime Phone #

CR2E034 (9/01)