

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038580

1. Entity Name  
EVB INVESTMENTS & PROPERTY MANAGEMENT, INC.

Principal Place of Business  
4895 WINDWARD PASSAGE DRIVE, SUITE #4  
BOYNTON BEACH FL 33436

Mailing Address  
4895 WINDWARD PASSAGE DRIVE, SUITE #4  
BOYNTON BEACH FL 33436

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

65-1101631

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

BARTOLOME, ELMO V  
4895 WINDWARD PASSAGE DRIVE, SUITE #4  
BOYNTON BEACH FL 33436

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when resigning)

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, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARTOLOME, ELMO V  
4895 WINDWARD PASSAGE DRIVE, SUITE #4  
BOYNTON BEACH FL 33436

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
BARTOLOME, CESAR  
4895 WINDWARD PASSAGE DR, #4  
BOYNTON BEACH, FL 33436

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BARTOLOME, DELIAH

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TREASURER  
BARTOLOME, CESAR  
4895 WINDWARD PASSAGE DR, #4  
BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
BARTOLOME, DELIAH  
4895 WINDWARD PASSAGE DR, #4  
BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY  
JOY CABRAL  
4895 Windward Passage Dr, #4  
BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/03/02

(561) 752-3775

6/20/02

Daytime Phone #

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

05-24-2002 91267 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1  
US004172  
AV

CR2E034 (9/01)