

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0201361 AV

DOCUMENT # P01000059816

1. Entity Name
EVERLUNCH CORPORATION

04-11-2002 90658 023 ***150.00

Principal Place of Business
145 E FLAGLER ST
MIAMI FL 33131

Mailing Address
145 E FLAGLER ST
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
145 E FLAGLER ST A-27

3. Mailing Address
145 E FLAGLER ST A-27

City & State
MIAMI FL

City & State

4. FEI Number
65-1117137

Applied For
Not Applicable

Zip
33131

Country
MIAMI FL

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

RUSCHEL, FABIO A
145 E FLAGLER ST # A-27
MIAMI FL 33131

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 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT BRAZ, MARIO M
145 E FLAGLER ST
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
145 E FLAGLER ST # A-27
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS RUSCHEL, FABIO A
145 E FLAGLER ST
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
145 E FLAGLER ST # A-27
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Date

Daytime Phone #

CR2E034 (9/01)