## **2003 FOR PROFIT CORPORATION**

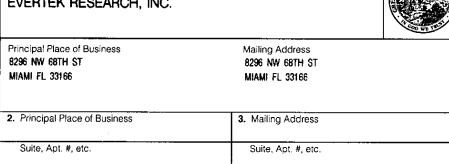
## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P01000098353

1. Entity Name

EVERTEK RESEARCH, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90355 004 \*\*\*150.00

				7
Principal Plac 8296 NW 68T MIAMI FL 331	=	Mailing Address 8296 NW 68TH ST MIAMI FL 33166	<u> </u>	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 11-2553799 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
RAMOS, F 1090 SW PEMBROK			Street Address	POBEIZTO PADILHA s (P.O. Box Number is Not Acceptable) S W S AVE
signature .	named entity submits this statementions of registered agent.  Signature, typed or printed name of egistered agent.  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department	Sent and title if applicable. (NO	s registered office or regist	sered agent, or both, in the State of Florida. I am familiar with, and accept of the series of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with, and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of the series of Florida. I am familiar with and accept of Florida. I am familiar with a series of Florida. I am
10.		ND DIRECTORS	<b>1</b> 11.	ADDITIONS (CHANGES TO DESIGNESS AND DIDECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PADILHA, ROBERTO 1090 SW 156 AVE PEMBROKE PINES FL 33027	Delete	TITLE NAME STREET ADDRESS' CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PADILHA, NEUZA 1090 SW 156 AVE PEMBROKE PINES FL 33027	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 · · · · · □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	_ ☐ Delete	- TITLE NAME STREET ADDRESS CITY-ST_ZIP	Change Addition  Change Addition  Section 119.07(3)(i), Florida Statutes. I further certify that the information

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:

THOUSE (ROBERTO PAULHA) 305-499 9810 Daytime Phone # PRES