

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90047 031 ***150.00

0206329 AV

DOCUMENT # P01000110111

1. Entity Name
EVERCAFE, CORPORATION

Principal Place of Business
145 E. FLAGLER STREET #2
MIAMI FL 33131

Mailing Address
145 E. FLAGLER STREET #2
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
145 E. FLAGLER ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

K-2

City & State
Miami FL.

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33131

Country
MAHIDAGE

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

BRAZ, MARIO M
145 E. FLAGLER STREET #2 (K.2)
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 (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
PTD
BRAZ, MARIO M
8855 COLLINS AE. #907
SURFSIDE FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
145 E. FLAGLER K-2 ☒ Change ☐ Addition
Miami FL. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
RUSHEL, FABIO A
10295 COLLINS AE. #216
BAL HARBOUR FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
145 E. FLAGLER K2 ☒ Change ☐ Addition
Miami FL. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

03/24/02

Date

Daytime Phone #

CR2E034 (9/01)