

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000114985

1. Entity Name

Eval of America, Corp.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 ARAGON

Suite, Apt. #, etc.

STE 390

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

73-1628145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARIA E. PAREDES

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

300 ARAGON-STE 300

City
CORAL GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

12-18-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
MARIA E. PAREDES
300 ARAGON-STE 390
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
MIGUEL A. BEATO
300 ARAGON -STE 390
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
MARIA E. CORDOBA
300 ARAGON-STE 390
CORAL GABLES, FL 33134

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-2002

Date

Daytime Phone #

CR2E034B (12/01)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I did not receive the U.B.R. for the year, 2002, or any other notice from the Division of Corporations in respect with my Corporation **EVAL OF AMERICA, CORP.**

Thank you for your courtesy in this matter.


MARIA E PAREDES
PRESIDENT