

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

122

DOCUMENT # P01000114985  
1. Entity Name  
EVAL OF AMERICA, CORP.

FILED  
03 JAN -9 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
300 ARAGON  
Suite, Apt. #, etc.  
STE 390

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL GABLES, FL

City & State

4. FEI Number  
73-1628145

Applied For  
Not Applicable

Zip  
33134

Country  
USA

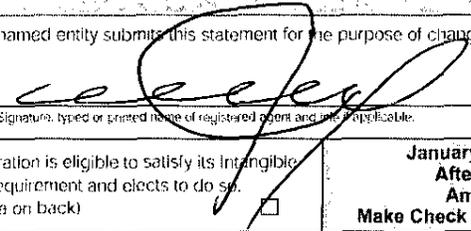
Zip

Country

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

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  DATE 12-18-2002  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

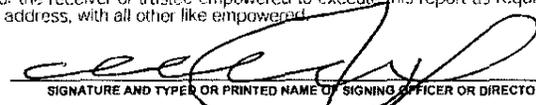
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

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	600010435996 01/23/03--01004--006 **300.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIA E. CORDOBA 300 ARAGON-STE 390 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  DATE 12-18-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

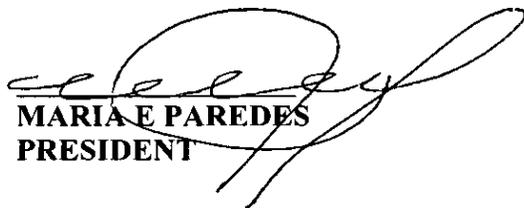
282

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**