

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90193 031 ***150.00

DOCUMENT # P02000005025

1. Entity Name
EV ENGINEERING, CORP



Principal Place of Business
**318 INDIAN TRACE
SUITE 293
WESTON FL 33326**

Mailing Address
**1290 WESTON ROAD
SUITE 210
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address
318 Indian trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 293

City & State

City & State
WESTON, FL

Zip

Country

Zip **33326**

Country **USA**

4. FEI Number
03-0375152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GBS CONSULTANTS
1290 WESTON ROAD
SUITE 210
WESTON FL 33326**

Name **GBS CONSULTANTS**

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

1290 WESTON ROAD

SUITE 306

City

WESTON, FL

Zip Code

33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Diaz **Maria Diaz**

04/22/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | DIAZ, MARIA A | |
| STREET ADDRESS | 1290 WESTON ROAD SUITE 210 | |
| CITY-ST-ZIP | WESTON-FL 33326 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|---|
| TITLE | P | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Enrique Verriet | |
| STREET ADDRESS | 220 Lakewood Dr. Apt 201 | |
| CITY-ST-ZIP | WESTON, FL 33326 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03

Date

Daytime Phone #

CR2E034 (10/02)