FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90142 019 ***150.00

90073582

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000100287

1. Entity Name
E.V.C. SERVICES, INC.

Principal Place of Business	Mailing Address
8120 SW 22ND ST, STE #B-207	8120 SW 22ND ST, STE #B-207
NORTH LAUDERDALE, FL 33068	NORTH LAUDERDALE, FL 33068

2. Principal Place of Business	3. Mailing Address
9370 SW 72 ST	9370 SW 72 ST
Suite, Apt. #, etc. SUITE A222	Suite, Apt. #, etc. SUITE A222
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33173 Country USA	Zip 33173 Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 56-2299001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO, ELSA V
8120 SW 22ND ST, STE #B-207
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

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

SIGNATURE [signature] 03-10-03
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	DPS ☐ Delete	TITLE	X Change ☐ Addition
NAME	CASTILLO, ELSA V	NAME	CASTILLO, ELSA V
STREET ADDRESS	8120 SW 22ND ST, STE #B-207	STREET ADDRESS	9370 SW 72 ST SUITE A222
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	CITY-ST-ZIP	MIAMI FLORIDA 33173
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] 03-10-03 (305)2623227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #