

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
 02-09-2000 90216 022 ***150.00

DOCUMENT # P92000014030

1. Entity Name

EVETS PRODUCTS AMERICA CORPORATION

Principal Place of Business

1561 CONGRESS AVENUE
 SUITE 168
 DELRAY BEACH FL 33445-6325
 US

Mailing Address

10920 BISCAYNE BLVD.
 MIAMI FL 33161-7460

711129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3700 NW 124 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Unit 102

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

4. FEI Number **65-0379848**

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBOFF, KENNETH R
 10920 BISCAYNE BLVD
 MIAMI FL 33161

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.

SIGNATURE

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

(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, 2000 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

TITLE PD
 NAME GOODING, CRAIG
 STREET ADDRESS 1738 PRIMROSE LANE
 CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 CITY-ST-ZIP ☐ Change ☐

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐

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

SIGNATURE:

Craig Gooding
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 2000 954 3440
 Date Daytime Phone #