2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P93000030325** EVA ENTERPRISES, INC. 04-30-2001 90037 035 ***150.00 Principal Place of Business Mailing Address 1025 KANE CONCOURSE 1037 KANE CONCOURSE SUITE 215 BAY HARBOR FL 33154 BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 1037 KANE CONCOURSE 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0405368 Not Applicable Zip Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, LINDA M ESQ Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD SUITE 200 NORTH MIAMI FL 33181 City Zip Code F1. 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 apolicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete TITLE Addition TAUB, EVA NAME NAM! 1025 KANE CONCOURSE SUITE 215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BAY HARBOR ISLANDS FL 33154 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITL E Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete [] Change Addition TITLE TITL 2 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Chance TITLE ☐ Delete TITLE Adoition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z!P TiTL = Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-S1-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR