2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

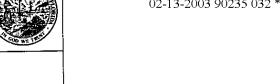
P94000045603 **DOCUMENT #**

1. Entity Name

EVEMAN ENTERPRISES CORPORATION



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90235 032 ***150.00



Principal Place of Business 3530 W. 80TH ST #201 HIALEAH FL 33016		Mailing Address 3530 W. 80TH ST #201 HIALEAH FL 33016			
2. Principal Pla	ace of Business	3. Mailing Address		J 100 1100 I II 0 101 II 4101; COLIT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0500465 Applied For Not Applicable	
Zip	Country	. Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent	
			Name		
ROBLES, EVELYN			Street Addres	s (P.O. Box Number is Not Acceptable)	
	OTH ST., #201		<u> </u>		
HIALEAH F	L 33016		City	Zip Code	
			'	· —	
the obligati	named entity submits this statem ons of registered agent.	ent for the purpose of changing his	r.	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE -	Signature, typed or printed name of registerer	d agent and title if applicable. (NOT	FE: Registered Agent signature requ	uired when reinstating) DATE	
After	ILE NOW!!!, FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	0.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PSD ROBLES, EVELYN 3530 W., 80TH ST., #201 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	TIPLEMITE SOCIO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second	مسمد م ن با بایا بایا	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition In Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director	

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: =

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR