

# 2000 UNIFORM BUSINESS REPORT (UBR)

021506

DOCUMENT # P95000064741

1. Entity Name

THE EVOLUTION TOURING COMPANY

APPROVED  
AND  
FILED

00 FEB 10 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

555 JEFFERSON AVE.  
MIAMI BEACH FL 33139

555 JEFFERSON AVE.  
MIAMI BEACH FL 33139-6302

2. Principal Place of Business

3. Mailing Address  
701 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 3000

City & State

City & State  
MIAMI, FLORIDA

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0616833

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTEFAN ENTERPRISES, INC.  
555 JEFFERSON AVE.  
MIAMI BEACH FL 33139

INTRASTATE REGISTERED AGENT CORPORATION

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

701 BRICKELL AVENUE

SUITE 3000

City  
MIAMI

FL 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

Signature, typed or printed name of registered agent and title if a corporation (Do not leave blank when reinstating)

BY: STEVEN H. HAGEN, VICE PRESIDENT

2/9/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | C                    | <input type="checkbox"/> Delete |
| NAME           | ESTEFAN, EMILIO JR   |                                 |
| STREET ADDRESS | 555 JEFFERSON AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139 |                                 |
| TITLE          | VSTD                 | <input type="checkbox"/> Delete |
| NAME           | ESTEFAN, GLORIA M    |                                 |
| STREET ADDRESS | 555 JEFFERSON AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139 |                                 |
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | AMADEO, FRANK        |                                 |
| STREET ADDRESS | 555 JEFFERSON AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139 |                                 |
| 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          | DC                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ESTEFAN, JR., EMILIO       |                                                                              |
| STREET ADDRESS | 555 JEFFERSON AVENUE       |                                                                              |
| CITY-ST-ZIP    | MIAMI BEACH, FLORIDA 33139 |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

Daytime Phone #

CR2E034 (9/99)