

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0159798 AV

03-13-2002 90062 009 \*\*\*150.00

**DOCUMENT # P95000084783**  
 1. Entity Name  
**EVERGLADES ENVIRONMENTAL CARE, INC.**

Principal Place of Business 911 N.W. 209TH AVE. #125 PEMBROKE PINES FL 33020 US	Mailing Address 911 N.W. 209TH AVE. #125 PEMBROKE PINES FL 33020 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16705 N.W. 122 Avenue Suite, Apt. #, etc.	3. Mailing Address P.O. Box 297200 Suite, Apt. #, etc.
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City & State Miami, FL Zip 33018 Country US	City & State Pembroke Pines, FL Zip 33029 Country US
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4. FEI Number 65-0625294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**NEUERMAN, DONALD**  
**17350 PINES BOULEVARD**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent  
 Name: **Same**  
 Street Address (P.O. Box Number is Not Acceptable):  
**16705 N.W. 122 Avenue**  
 City: **Miami** FL Zip Code: **33018**

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: *Donald Neuman v.p.* DATE: **2/25/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEL BOSQUE, THOMAS</b> <b>911 N.W. 209TH AVE., # 25</b> <b>PEMBROKE PINES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NEUERMAN, DONALD</b> <b>17350 PINES BLVD.</b> <b>PEMBROKE PINES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Del Bosque, Thomas</b> <b>16705 N.W. 122 Avenue</b> <b>Miami FL 33018</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Neuman, Donald</b> <b>16705 NW 122 Avenue</b> <b>Miami FL 33018</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald Neuman v.p.* DATE: **2/25/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)