

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044212

1. Entity Name

EVALUTION ENTERTAINMENT MARKETING INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90056 024 ***150.00

Principal Place of Business

Mailing Address

3389 SHERIDAN STREET. #243
HOLLYWOOD FL 33021

3389 SHERIDAN STREET. #243
HOLLYWOOD FL 33021-3606

2. Principal Place of Business

PMB 243

3. Mailing Address

PMB 243

Suite, Apt. #, etc.

3389 Sheridan St.

Suite, Apt. #, etc.

3389 Sheridan St.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

Zip

33021

Country

4. FEI Number

65-0668296

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

MYERS, LUANN S
3340 WILSON STREET
HOLLYWOOD FL 33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	PFAFF, EVA	
STREET ADDRESS	4400 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MYERS, LUANN S	
STREET ADDRESS	3340 WILSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myers, Luann S.	
STREET ADDRESS	3340 Wilson St.	
CITY-ST-ZIP	Hollywood, FL 33021	
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		
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:

Luann S. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

954 966 7058

Daytime Phone #

CR2E034 (9/99)