

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041086

1. Entity Name
EVERGREEN ENTERTAINMENT INC.



FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 020 ***150.00

0230212 AV

Principal Place of Business
145 MADEIRA AVE
SUITE 203
CORAL GABLES FL 33134
US

Mailing Address
1825 PONCE DE LEON BLVD
#450
MIAMI FL 33134
US



2. Principal Place of Business

1845 N.W. 4th St
Suite, Apt. #, etc.

3. Mailing Address

1825 Ponce de Leon Blvd
Suite, Apt. #, etc.

#450

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0758517

Applied For

Not Applicable

Zip

33125

Country

U.S.A.

Zip

33134

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INOCENCIO, MIGDALIA
1845 N.W. 4TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME INOCENCIO, MAGDALIA
STREET ADDRESS 1845 N.W. 4TH STREET
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)