

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 970000 45895**

1. Entity Name

EVOCATION, INC

FILED

00 AUG 23 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6700 W 24TH Ct
Bldg 16 Unit 12
Hialeah, Fl 33016-7814

Mailing Address
6700 W 24TH Ct
Bldg 16 Unit 12
Hialeah, Fl 33016-7814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0757460

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ JUAN ONEL
14524 SW 143 PL
Miami, Fl 33186

Name LINDARTE CLAUDIA E.

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

6700 W 24TH Ct Bldg 16 Unit 12

City Hialeah

FL

Zip Code 33016

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

08-15-2000

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 **D.V.** Delete
NAME LINDARTE CLAUDIA E.
STREET ADDRESS 6700 W 24TH Ct. Bldg 16 #12
CITY-ST-ZIP Hialeah, Fl 33016

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME LINDARTE OLGA MARIELA
STREET ADDRESS 6700 W 24TH Ct. Bldg 16 #12
CITY-ST-ZIP Hialeah, Fl 33016

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** Delete
NAME BARCOS JUAN B.
STREET ADDRESS 6700 W 24 CT Bldg 16 #12
CITY-ST-ZIP Hialeah, Fl 33016

TITLE Change Addition
NAME **700003370121-0**
STREET ADDRESS **-08/23/00--01012--019**
CITY-ST-ZIP *****593.75 ***550.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S. PAYNE AUG 23 2000

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

Date

Daytime Phone #

08-15-00

CR2E034 (9/99)