

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052237

1. Entity Name

EVERGLADES PAPER, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90040 029 ***150.00

Principal Place of Business	Mailing Address
1890 S. OCEAN DR., SUITE 1701E HALLANDALE FL 33009	1890 S. OCEAN DR., SUITE 1701E HALLANDALE FL 33009-7624

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MEYERS, BEULAH 1890 S. OCEAN DR., SUITE 1701E HALLANDALE FL 33009

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.

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	
TITLE	D <input type="checkbox"/> Delete
NAME	MEYERS, BEULAH
STREET ADDRESS	1890 S. OCEAN DR., SUITE 1701E
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TEMPLETON, ROGER
STREET ADDRESS	22 N. MADISON
CITY-ST-ZIP	LA GRANGE IL 60525
TITLE	S <input type="checkbox"/> Delete
NAME	PRIETO, ROBERTO F
STREET ADDRESS	1612 SW 102 PLACE
CITY-ST-ZIP	MIAMI FL 33165
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLETON, ROGER
STREET ADDRESS	22 N. Madison
CITY-ST-ZIP	La Grange, IL 60525
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:

Beulah Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

954 456 7463
Daytime Phone #