

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91331 014 \*\*\*150.00

DOCUMENT # **P97000078408**

1. Entity Name

**EVOLUTION MEDIA MANUFACTURING INC**

**DO NOT WRITE IN THIS SPACE**

**92990**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7018 NW 50 ST.</b>		3. Mailing Address <b>7018 NW 50 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33166</b>	Country	Zip <b>33166</b>	Country

4. FEI Number <b>65-0780221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>MARTIN KALKAS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>245 SW 16 ST.</b>	
<b>SUN 311</b>	
City <b>Miami</b>	FL Zip <b>33171</b>

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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1. Fee is \$150.00**  
**After May 1. Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARLOS LANDA BUREO</b> <b>7018 NW 50 ST</b> <b>Miami, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JUAN GUTIERREZ</b> <b>7018 NW 50 ST</b> <b>Miami FL - 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUAN GUTIERREZ, DIRECTOR**

**6/7/02**

Date

**305-593-5455**

Daytime Phone #