

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90002 007 ***150.00

DOCUMENT # P97000095938

1. Entity Name

EVERGLADES INTERNATIONAL HOSTEL, INC.

Principal Place of Business

**20 S.W. 2 AVE.
 FLORIDA CITY FL 33034**

Mailing Address

**2530 N. POWERLINE RD.
 SUITE 401 POMPANO BCH.
 POMPANO FL 33069**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

20 SW 2nd AVE.

Suite, Apt. #, etc.

City & State

Florida City, FL

4. FEI Number **65-0800615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OWHNN
 2530 N. POWERLINE ROAD, STE. 401
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

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

20 SW 2nd Ave.

City

Florida City

FL

Zip Code

33034

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, 2002 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 **P** ☐ Delete
 NAME **OWHNN,**
 STREET ADDRESS **2530 N. POWERLINE ROAD, STE. 401**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VP** ☐ Delete
 NAME **ANDERSON, EDWIN L**
 STREET ADDRESS **20 SW 2 AVENUE**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20 SW 2nd Ave.**
 CITY-ST-ZIP **Florida City, FL 33034**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Edwin L Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03
 Date

305-248-1122
 Daytime Phone #

CR2E034 (9/01)