

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90145 001 ***150.00

940200



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000049776

1. Entity Name

EVENSTAR, INC.

Principal Place of Business

Mailing Address

SW 212 ST #304
 FL 33189

8620 SW 212 ST #304
 MIAMI FL 33328-2420

2. Principal Place of Business

3. Mailing Address

2048 SW 28 TERRACE

2048 SW 28 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33312

BROWARD

33312

BROWARD

4. FEI Number

65-0843401

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

PEREZ-SIAM, FRANK
265 SEVILLA AVE
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROBERTSON, ROSE**
 CITY-ST-ZIP **8620 SW 212 ST #304**
MIAMI FL 33189

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2048 SW 28 TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312** (ADDRESS ONLY)

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **LURIA, MAYRA S**
 CITY-ST-ZIP **8620 SW 212 ST #304**
MIAMI FL 33189

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2048 SW 28 TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE 33312** (ADDRESS ONLY)

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

954 581 4085

Daytime Phone #

CR2E034 (9/99)