

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102243

1. Entity Name

EFS INVESTMENTS, INC.

FILED

00 MAY 22 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

612 SE 5TH AVE.
SUITE #4
FT. LAUDERDALE FL 33301

Mailing Address

612 SE 5TH AVE.
SUITE #4
FT. LAUDERDALE FL 33301-3142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888732

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

EVANS, JAMES D
612 SE 5TH AVE.
SUITE #4
FT. LAUDERDALE FL 33301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, JAMES D 612 SE 5TH AVE. SUITE #4 FORT LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EVANS, MARILYN A 612 SE 5TH AVE. SUITE #4 FT. LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, HARRIETTE 612 SE 5TH AVE. SUITE #4 FT. LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMARO, NVEUDLAS 612 SE 5TH AVE. SUITE #4 FT. LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D AMARO, NICHOLAS	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. EVANS

4/26/00

Date

954 522-7710

Daytime Phone #

CR2E034 (9/99)