

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107447

1. Entity Name

ERAVISION INTERNATIONAL CORP.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90037 045 ***150.00

Principal Place of Business

Mailing Address

33 WEST 22 ST
APTO #4
HIALEAH FL 33010

33 WEST 22 ST
APTO #4
HIALEAH FL 33010-2219

2. Principal Place of Business

6571 WEST 15 COURT

3. Mailing Address

6571 WEST 15 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

Zip

33012

Country

4. FEI Number

65-0885245

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

ECHAZABAL, ERASMO
33 WEST 22 ST APTO #4
HIALEAH FL 33012

Name

ECHAZABAL ERASMO

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

6571 WEST 15 COURT

City

HIALEAH

FL

Zip Code

33012

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

ERASMO ECHAZABAL

4/2/2000

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 PD
NAME ECHAZABAL, ERASMO
STREET ADDRESS 33 WEST 22 ST APTO #4
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE P.D.
NAME ECHAZABAL ERASMO
STREET ADDRESS 6571 WEST 15 COURT
CITY-ST-ZIP HIALEAH FL 33012 ☒ Change ☐ Addition

TITLE VPD
NAME MARTIN, MARIA D
STREET ADDRESS 33 WEST 22 ST APTO #4
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE V.P.D.
NAME MARTIN MARIA D
STREET ADDRESS 6571 WEST 15 COURT
CITY-ST-ZIP HIALEAH FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #