

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002346

1. Entity Name

EVACAIR CONSULTANTS USA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90018 043 ***150.00

Principal Place of Business C/O ROSS H. MANELLA, P.A. 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020	Mailing Address C/O ROSS H. MANELLA, P.A. 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020-6615
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2. Principal Place of Business 2237 N. Commerce Parkway	3. Mailing Address 2237 N. Commerce Parkway
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Suite/Apt. #, etc. #3	Suite/Apt. #, etc. #3
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City & State Weston, FL	City & State Weston, FL
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Zip 33326	Country US	Zip 33326	Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 ROSS H. MANELLA, P.A.
 2500 HOLLYWOOD BOULEVARD
 SUITE 212
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name: MANELLA, ROSS H. ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 2237 N. Commerce Parkway
 SUITE #3
 City: Weston, FL Zip Code: 33326

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: ROSS MANELLA
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/26/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DR. MICHAEL J. CHURCHILL SMITH 601 VICTORIA AVENUE WESTMOUNT, QUEBEC CANADA H3Y 2R8 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dr. Michael J. Churchill Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/26/00 Daytime Phone: (954) 385-3637

CR2E034 (9/99)