

# "2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002950

1. Entity Name

EVERGLADES MAIN STREET VILLAGE INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90086 007 \*\*\*158.75

Principal Place of Business

Mailing Address

19308 SOUTHWEST 380TH STREET  
FLORIDA CITY FL 33034

POST OFFICE BOX 343529  
FLORIDA CITY FL 33034-0529

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

65-0893668

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

DEUTCH, RICHARD E  
2665 SOUTH BAYSHORE DRIVE  
SUITE 202  
MIAMI FL 33133

Name

THOMAS WELLS

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

65 NW 16th STREET

City

Homestead

FL

Zip Code

33030

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	D	<input type="checkbox"/> Delete
NAME	STEVEN KIRK	
STREET ADDRESS	19308 SW 380 ST	
CITY-ST-ZIP	Florida City, FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert Jensen	
STREET ADDRESS	18610 SW 245 TERRACE	
CITY-ST-ZIP	Homestead FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARJUN LOPEZ	
STREET ADDRESS	305 S. FLORIAN	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDO PA JR	
STREET ADDRESS	20319 SW 106th AVE	
CITY-ST-ZIP	MIAMI FL 33035	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUSAN REYNA	
STREET ADDRESS	35801 SW 18th AVE	
CITY-ST-ZIP	Florida City, FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C. KIRK

Date

Daytime Phone #

2/2/00 305-242-2142

CR2E034 (9/99)