

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-17-2000 90086 007 ***158.75

DOCUMENT # P99000002950

1. Entity Name

EVERGLADES MAIN STREET VILLAGE INC.

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

4. FEI Number

65-0893668

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Thomas Wells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<input checked="" type="checkbox"/> Delete
NAME	STEVEN KIRK
STREET ADDRESS	19308 SW 380 ST
CITY-ST-ZIP	FLORIDA CITY, FL 33031
TITLE	<input checked="" type="checkbox"/> Delete
NAME	ROBERT JENSEN
STREET ADDRESS	18670 SW 245 TERRACE
CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	<input checked="" type="checkbox"/> Delete
NAME	ARTURO LOPEZ
STREET ADDRESS	305 S. FLORIAN
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FERNANDO PA JR
STREET ADDRESS	20319 SW 106th AVE
CITY-ST-ZIP	MIAMI FL 33035
TITLE	<input checked="" type="checkbox"/> Delete
NAME	SUSAN REYNA
STREET ADDRESS	35801 SW 186 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
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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:

Steven C. Kirk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

305-242-2142

Date

Daytime Phone #

CR2E034 (9/99)