

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90293 006 ***150.00

DOCUMENT # P99000020853

1. Entity Name

B.S. EVANS ASSOCIATES, INC.

Principal Place of Business

364 GOLFVIEW ROAD
SUITE 506
WEST PALM BEACH FL 33408

Mailing Address

364 GOLFVIEW ROAD
SUITE 506
WEST PALM BEACH FL 33408

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 65-0901791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~ GERALD Z. ROSSOW
~~343 ALMERIA AVENUE~~ 4400 PGA BLVD,
~~CORAL GABLES FL 33134~~ SUITE 700
PALM BEACH Gdns., FL

Name

GERALD Z. ROSSOW

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

4400 PGA BLVD SUITE 700

City

PALM BEACH Gdns.

FL

Zip Code

33410

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] GERALD Z. ROSSOW, Esq.

4/13/01

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, 2001 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 ~~PTD~~ ☐ Delete
NAME EVANS, BARRIE S
STREET ADDRESS 364 GOLFVIEW ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33408

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

TITLE SD ☐ Delete
NAME EVANS, DANIELA
STREET ADDRESS 364 GOLFVIEW ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33408

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

[Signature] DANIELA EVANS 14/13/01 5616248115

Date

Daytime Phone #

CR2E034 (10/00)