

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000038552**

1. Entity Name

**EVENTS AND MORE, INC.****FILED****Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90040 003 \*\*\*550.00

Principal Place of Business

1711 COUNTRY CLUB PRADO  
CORAL GABLES FL 33134

Mailing Address

1711 COUNTRY CLUB PRADO  
CORAL GABLES FL 33134

2. Principal Place of Business

835 S.W. 37th Ave

3. Mailing Address

835 S.W. 37th Ave

Suite, Apt. #, etc. 201

Suite, Apt. #, etc. 201

City &amp; State

Miami, FL 33135

City &amp; State

Miami, FL.

4. FEI Number

65-0917256

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**MARCOS, OLGA H**  
1711 COUNTRY CLUB PRADO  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
NAME **MARCOS, OLGA H**  
STREET ADDRESS **1711 COUNTRY CLUB PRADO**  
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME **Hernandez, Maritza**  
STREET ADDRESS **427 SW 29 Rd**  
CITY-ST-ZIP **Miami, FL 33129**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

9/13/00

Date

305-445-6673

Daytime Phone #