

2000 UNIFORM BUSINESS REPORT (UBR)

9/6/00-90089-037-\$150.00-\$150.00

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DOCUMENT # P99000054352

1. Entity Name

E V M SERVICES INC.

(P)

FILED

00 OCT 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

971 SW 70TH WAY
N LAUDERDALE FL 33068

Mailing Address

971 SW 70TH WAY
N LAUDERDALE FL 33068

2. Principal Place of Business

971 S.W. 70th Way

Suite, Apt. #, etc.

3. Mailing Address

971 S.W. 70th Way

Suite, Apt. #, etc.

City & State

North Lauderdale

City & State

North Lauderdale

4. FEI Number

65-0936770

Applied For

Not Applicable

Zip

FL 33068

Country

U.S.A.

Zip

FL 33068

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

VASQUEZ, ELIAS
971 SW 70TH WAY
N LAUDERDALE FL 33068

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 P ☐ Delete
NAME VASQUEZ, ELIAS
STREET ADDRESS 971 SW 70TH WAY
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE ST ☐ Delete
NAME LLAQUE, METT
STREET ADDRESS 971 SW 70TH WAY
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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:

ELIAS VASQUEZ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/2000 (954) 970-4352

Date

Daytime Phone #

78

Attachment Doc#: P4700005432
A00753606
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FL Sept. 1, 2000
Florida Dept. of State
Katherine Harris
Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern :

We are requesting for you to please waive the penalty that was given to EVM Services Inc. for not making the payment of \$150.00 for the 2000 UNIFORM BUSINESS REPORT, because we never received the first notice to file for it. We just opened the small business and are not very familiar on the procedures that are needed. Please forgive us but if we would have received the first notice we would have paid it immediately. We are including a check for \$150.00.

Sincerely

Elias Vasquez

Elias Vasquez