

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070565

1. Entity Name

EVA'S INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90058 018 ***158.75

Principal Place of Business

Mailing Address

3820 JOG RD.
LAKE WORTH FL 33467

3820 JOG RD.
LAKE WORTH FL 33467-1516

2. Principal Place of Business

3820 JOG RD.

3. Mailing Address

P.O. BOX 540425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES, FL

City & State

GREENACRES, FL

4. FEI Number

650944128

Applied For

Not Applicable

Zip

33467

Country

U.S.A.

Zip

33454

Country

U.S.A.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, ELLIOTT
5315 LAKE WORTH RD.
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

SAME AS

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)

X

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KONTOS, EVANGELIA
CITY-ST-ZIP 3820 JOG RD.
LAKE WORTH FL 33467

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

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
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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: X

Kontos Evangelia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-439-2491

CR2E034 (9/99)