2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **V58028** 1. Entity Name EVERGREEN CAPITAL CORP. 04-17-2000 90042 047 ***150.00 Mailing Address Principal Place of Business 3550 N.W. 112TH STREET 3550 N.W. 112TH STREET MIAMI FL 33167-3317 MIAMI FL 33167 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0354017 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHULTZ, STEVEN A. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. **SUITE 3150** MIAMI FL 33131 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition ☐ Change D ☐ Delete TITLE TITLE Green, Arthur NAME NAME GREEN, CAROLE STREET ADDRESS STREET ADDRESS 3550 N.W. 112TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE Green, William NAME NAME 3550 N.W. 112 STreeT STREET ADDRESS STRÊET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, E Addition Change Delete TITLE TITLE Contento, Robert 3550 N.W. 112 Street NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIOCHI, FL Change ☐ Addition Delete TITLE NAME NAME

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 shared the report as no extended the report with all other like empowered.

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SIGNATURICE PRESIDENTE Robert Contento 3/27/00 305-686.542

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