

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58028

1. Entity Name

EVERGREEN CAPITAL CORP.

Principal Place of Business

3550 N.W. 112TH STREET  
MIAMI FL 33167

Mailing Address

3550 N.W. 112TH STREET  
MIAMI FL 33167

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

65-0354017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, STEVEN A.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3150  
MIAMI FL 33131

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 \$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	D	<input type="checkbox"/> Delete
NAME	GREEN, CAROLE	
STREET ADDRESS	3550 N.W. 112TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, ARTHUR	
STREET ADDRESS	2800 ISLAND BLVD #2801	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREEN, WILLIAM	
STREET ADDRESS	3550 N.W. 112 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONTENTO, ROBERT	
STREET ADDRESS	3550 N.W. 112 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert Contento*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01  
Date

305-688-5400  
Daytime Phone #

FILED  
Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90472 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

02109/6

CR2E034 (10/00)