

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006487

1. Entity Name
EC OVERSEAS INVESTMENTS, L.L.C.

FILED

01 JAN 29 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2933 MARTIN ST
#29
ORLANDO FL 32806

Mailing Address
2933 MARTIN ST
#29
ORLANDO FL 32806

2. Principal Place of Business
157 E NEW ENGLAND AV
Suite, Apt. #, etc.
SUITE 402

3. Mailing Address
825 JADESTONE CIR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK, FL
Zip
32789-4346
Country
USA

City & State
ORLANDO, FLORIDA
Zip
32828-8162
Country
USA

4. FEI Number 59-3650147
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESO
CUEVAS & RUBIN PA
9200 S DADELAND BLVD SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
ESTEFANO CRISAFI
Street Address (P.O. Box Number is Not Acceptable)
825 JADESTONE CIRCLE
City
ORLANDO FL Zip Code
32828

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 ESTEFANO CRISAFI GENERAL MANAGER 01/24/01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | GUGNO, ESTEFANO CRISAFI | |
| STREET ADDRESS | 2933 MARTIN ST #29 | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | DE CRISAFI, NORMA MARCONSTO | |
| STREET ADDRESS | 2933 MARTIN ST #29 | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | JASSIR, IVAN AUGUSTO | |
| STREET ADDRESS | 2933 MARTIN ST #29 | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS / CHANGES

| | | |
|----------------|-----------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRISAFI, ESTEFANO GUGNO | |
| STREET ADDRESS | 825 JADESTONE CIR. | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE CRISAFI, NORMA MARCONATO | |
| STREET ADDRESS | 825 JADESTONE CIR. | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JASSIR, IVAN AUGUSTO | |
| STREET ADDRESS | 825 JADESTONE CIR. | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 700003617427-7 | |
| STREET ADDRESS | -01/31/01--01033--007 | |
| CITY-ST-ZIP | *****50.00 *****50.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 700003617427-7 | |
| CITY-ST-ZIP | -01/31/01--01033--008 | |
| | *****5.00 *****5.00 | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 01/24/01 (407) 9273270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)