

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L39799**

1. Entity Name  
**ECC (FLORIDA) ADVISERS, INC.**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90104 028 \*\*\*150.00

Principal Place of Business <b>% FRANCISCO A. GARCIA</b> <b>881 OCEAN DR</b> <b>KEY BISCAYNE FL 33149</b> <b>US</b>	Mailing Address <b>C/O FRANCISCO A GARCIA</b> <b>881 OCEAN DR. #20F</b> <b>KEY BISCAYNE FL 33149</b> <b>US</b>
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2. Principal Place of Business <b>240 CRANDON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 220</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>KEY BISCAYNE, FL</b>	City & State
Zip <b>33149</b> Country <b>US</b>	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0164450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARCIA, FRANCISCO A.</b> <b>881 OCEAN DR #20 F</b> <b>KEY BISCAYNE FL 33149</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete	TITLE <b>PTDM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, FRANCISCO, A</b>		NAME	
STREET ADDRESS <b>881 OCEAN DR / STE - 20F</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, ROSA M</b>		NAME	
STREET ADDRESS <b>201 CRANDON BLVD #242</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <b>EDWARD J. MEYER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS <b>240 CRANDON BLVD, SUITE 220</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>KEY BISCAYNE, FL 33149, US</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Francisco A. Garcia* **PRESIDENT** 2/2/01 305-361-6479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)