

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90001 043 \*\*\*\*61.25

**DOCUMENT # N95000000963**

1. Entity Name

**E-COMB, INC.**

*f*

Principal Place of Business

900 16TH ST. #203  
 MIAMI BEACH FL 33139

Mailing Address

P.O. BOX 398-891  
 MIAMI BEACH FL 33239

00081858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 16th St. # 11  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

4. FEI Number

65-0585934

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VARELA, VICTOR A  
 900 16TH ST. #203  
 MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

535 16th St. # 11

City

Miami Beach

FL

Zip Code

33139

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]*

Victor A. Varela

8/24/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	VARELA, VICTOR A	
STREET ADDRESS	900 16TH ST. #203	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIOTTA, LISA A	
STREET ADDRESS	240 COLLINS AVE #6B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARELA, LAURA C	
STREET ADDRESS	900 16TH ST. #203	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Varela, Victor A.	
STREET ADDRESS	535 16th St. # 11	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mosilla, Laura C.	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Victor A. Varela

8/24/00

305-859-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)