

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90201 040 ***150.00

0326992 AV

DOCUMENT # **P01000066247**

1. Entity Name
ECO AFRIKA, INC.



Principal Place of Business
**1280-SE-2ND-COURT-
#3
FORT LAUDERDALE, FL 33301**

Mailing Address
**1280 SE 2ND COURT
#3
FORT LAUDERDALE FL 33301**



2. Principal Place of Business
235 SW 87th TERRACE
Suite, Apt. #, etc.

3. Mailing Address
235 SW 87th TERRACE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL
Zip
33324 Country
US

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Plantation, FL
Zip
33324 Country
US

4. FEI Number **65-1120260** 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

**CANNAVAN, JACQUELINE E ESO
4330 SHERIDAN STREET SUITE 202-B
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DARHAM, REECE 1280 SE 2ND COURT # 3 FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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)** SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-21-03 **(Signature)** **812/1813**
Date Daytime Phone #

CR2E034 (10/02)