

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90521 023 ***158.75

DOCUMENT # P01000120260

1. Entity Name
ECOCRAFT, CORP.



Principal Place of Business
**7441 WAYNE AVE. #10-F
MIAMI BEACH FL 33141**

Mailing Address
**7441 WAYNE AVE. #10-F
MIAMI BEACH FL 33141**

2. Principal Place of Business
**185 NW 13 AVE
Suite, Apt. #, etc.
1225**

3. Mailing Address
**185 NW 13 AVE
Suite, Apt. #, etc.
1225**

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33125 USA

Zip Country
33125 USA

4. FEI Number **01-0602800**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL, INC.
5545 SW 8 ST, STE 107
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name
HERNANDES JOSE MACHADO
Street Address (P.O. Box Number is Not Acceptable)
185 NW 13 AVE. SUITE #1225
City
MIAMI FL Zip Code
33125

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 **HERNANDES JOSE MACHADO** **04-17-06**
Signature typed or printed name of registered agent and title if applicable. (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	P JOSE MACHADO, HERNANDES 7441 WAYNE AVE, #10-F MIAMI BEACH FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	185 NW 13 AVE SUITE 1225 MIAMI FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: **HERNANDES JOSE MACHADO** **04/17/03** **786-443-3807**
Signature typed or printed name of signing officer or director Date Daytime Phone #

02/28/03 AV

CR2E034 (10/02)