

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L76042**

1. Entity Name

PRO-ECHO, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90118 036 ***150.00

Principal Place of Business

**2461 CORAL WAY
MIAMI BEACH FL 33145
US**

Mailing Address

**1304 SW 180 AVE
224A
SUNRISE FL 33326-1902
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 266555

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL4. FEI Number **65-0195305**

Applied For

Not Applicable

Zip

Country

33326

Country

BROWARD5. 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

**SAFIRSTEIN, STEVEN
2567 EAGLE RUN LN
WESTON FL 33327**

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.

SIGNATURE

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

(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)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	SAFIRSTEIN, STEVEN	2567 EAGLE RUN LN	WESTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
OM	SAFIRSTEIN, CECILIA	2567 EAGLE RUN LN	WESTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor

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 filing empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #