

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000963

1. Entity Name

E-COMB, INC.

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

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

Principal Place of Business

900 16TH ST. #203
MIAMI BEACH FL 33139

Mailing Address

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

2. Principal Place of Business

535 16th St. #11

3. Mailing Address

Suite, Apt. #, etc.

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, 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 ☐ Delete
NAME VARELA, VICTOR A
STREET ADDRESS 900 16TH ST. #203
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME Varela, Victor A.
STREET ADDRESS 535 16th St. #11
CITY-ST-ZIP Miami Beach, FL 33139

TITLE D ☐ Delete
NAME LIOTTA, LISA A
STREET ADDRESS 240 COLLINS AVE #6B
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VARELA, LAURA C
STREET ADDRESS 900 16TH ST. #203
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME Morilla, Laura C.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor A. Varela

Date

Daytime Phone #

8/24/00

305-859-8220

CR2E037 (5/00)