## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 626271 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name **ETCO ELECTRICAS TRADING CORPORATION** 04-18-2000 90146 032 \*\*\*150.00 Principal Place of Business Mailing Address 5242 SW 89TH COURT 5242 SW 89TH COURT MIAMI FL 33165-6612 MIAMI FL 33165-6612 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1922204 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOSTOCK, GLORIA** Street Address (P.O. Box Number is Not Acceptable) 5242 S W 89TH COURT MIAMI FL 33165 Zip Code City FL 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 . (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE velez, William NAME STREET ADDRESS CALLE 36 63-31 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEDELLIN, COLOMBIA 00000 ☐ Change ☐ Addition ☐ Delete TITLE RESTREPO, MARIO NAME NAME STREET ADDRESS EDIFICIO LAS NAVES, 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MEDELLIN, COLOMBIA 00000 ☐ Addition TITLE Change ☐ Delete TITLE **BOSTOCK, GLORIA** NAME NAME STREET ADDRESS **5242 SW 89TH COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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 like empowered.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR