

# 2000 UNIFORM BUSINESS REPORT (UBR)

**REINSTATEMENT** 2000

**DOCUMENT # A95000000500**

1. Entity Name

**EC WAREHOUSE INVESTMENT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -7 PM 1:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1450 MADRUGA AVE. SUITE 303 CORAL GABLES FL 33146	Mailing Address 1450 MADRUGA AVE. SUITE 303 CORAL GABLES FL 33146
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0586966</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**COSCULLUELA, EUGENIO J JR.**  
**1450 MADRUGA AVE.**  
**SUITE 303**  
**CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. _____	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000025336</b> <b>EC WAREHOUSE INVESTMENT, INC.</b> <b>1450 MADRUGA AVE., STE. 303</b> <b>CORAL GABLES FL 33146</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>700005478037-2</b> <b>-11/28/00--01038--003</b> <b>****541.25 ****541.25</b>
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**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **10/17/00** **305) 662-6840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)