

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90117 038 ***150.00

DOCUMENT # F04501

1. Entity Name

ECONO-CHEM PRODUCTS, INC.

Principal Place of Business

**2607 NE 189TH STREET
N MIAMI BEACH FL 33163
US**

Mailing Address

**2607 NE 189TH STREET
N MIAMI BEACH FL 33163
US**

2. Principal Place of Business

**3901 SW 47th Ave
Suite, Apt. #, etc. Ste 414**

3. Mailing Address

**3901 SW 47th Ave
Suite, Apt. #, etc. Ste 414**

City & State

DAVIE FL.

City & State

DAVIE FL.

Zip

33314

Country

USA

Zip

33314

Country

USA

6. Name and Address of Current Registered Agent

**HINSON, ROY
2607 NE 189TH STREET
N MIAMI BEACH FL 33163**

4. FEI Number **59-2037231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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: ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE **P** ☒ Delete
NAME **GEFFIN, MURRAY**
STREET ADDRESS **2400 NE 200TH ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **ST** ☒ Delete
NAME **GEFFIN, SHERRY**
STREET ADDRESS **2400 NE 200TH ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/owner** ☐ Change ☒ Addition
NAME **Hinson, Roy**
STREET ADDRESS **3901 SW 47th Ave Ste 414**
CITY-ST-ZIP **DAVIE, FL 33314**

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

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

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

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 like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)