

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003236

1. Entity Name

E&C DEVELOPMENT OF THE USA, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90106 044 ***150.00

Principal Place of Business

Mailing Address

6370 ESTATE FRYDENDAHL, SUITE 20
ST. THOMAS, VIRGIN ISLANDS 00802

6370 ESTATE FRYDENDAHL, SUITE 20
ST. THOMAS, VIRGIN ISLANDS 00802-1804

2. Principal Place of Business

3. Mailing Address

PO BOX 4619

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

4. FEI Number

72-1194021

Applied For

Not Applicable

Zip

Country

Zip

Country

33041-4619

USA

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

DAY, J. ROBERT
101 SOUTH ATLANTIC BOULEVARD
FORT LAUDERDALE FL 33316

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	DPT ROSENBERG, CHRISTIAN 6370 ESTATE FRYDENDAHL, SUITE 20 ST. THOMAS, VIRGIN ISLANDS 00802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARZANO, ERNESTO 6370 ESTATE FRYDENDAHL, SUITE 20 ST. THOMAS, VIRGIN ISLANDS 00802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILENA PIRAS MARZANO 6370 ESTATE FRYDENDAHL, SUITE 20 ST. THOMAS, VIRGIN ISLANDS 00802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	415 STEELE ST. DENVER, CO 80206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	415 STEELE ST. DENVER, CO 80206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

8/23/2000

Date

Daytime Phone #

CR2E034 (9/99)