CR2E034 (10/00)

## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # F9900003236 1. Entity Name E&C DEVELOPMENT OF THE USA, INC. 04-18-2001 90034 041 \*\*\*158.75 Principal Place of Business Mailing Address 6370 ESTATE FRYDENDAHL, SUITE 20 PO BOX 4619 KEY WEST FL 33041-4619 ST. THOMAS, VIRGIN ISLANDS 00802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-1194021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAY, J. ROBERT Street Address (P.O. Box Number is Not Acceptable) 101 SOUTH ATLANTIC BOULEVARD FORT LAUDERDALE FL 33316 Zip Code City 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ROSENBERG, CHRISTIAN NAME NAME STREET ADDRESS 6370 ESTATE FRYDENDAHL, SUITE 20 STREET ADDRESS CITY-ST-ZIP ST. THOMAS, VIRGIN ISLANDS 00802 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change MARZANO, ERNESTO NAME NAME

Addition ☐ Addition STREET ADDRESS 415 STEELE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80206 □ Delete Addition MARILENA PIRAS MARZANO NAME NAME STREET ADDRESS 415 STEELE ST a --STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DENVER CO 80206 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen

ND TYPED OR RINTED NAME OF SIGNING OF

**SIGNATURE**