

**AMENDED**  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L00000003270

1. Entity Name

ECOS International LLC

Principal Place of Business

601 Brickell Key Dr  
Suite 703  
Miami, FL 33131

Mailing Address

601 Brickell Key Dr  
Suite 703  
Miami, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0994603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Claudia Nettig  
601 Brickell Key Dr  
Suite 703  
Miami, FL 33131

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	Alexander Deiser	
STREET ADDRESS	1021 Hillsboro Mile #605	
CITY - ST - ZIP	Pompano Beach, FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	Claudia Nettig	
STREET ADDRESS	1021 Hillsboro Mile #605	
CITY - ST - ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* Claudia Nettig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED** *W/4/C*

**01 MAR 30 PM 4:16**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**800003995158--9**

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

DO NOT WRITE IN THIS SPACE

CR2E083 (1/00)