

2002 UNIFORM BUSINESS REPORT (UBR)

08-13-2002 90226 030 ****50.00
L01000008673

DOCUMENT # L01000008673

1. Entity Name
THE ECOFLAME COMPANY, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6905 NW 52ND STREET
MIAMI FL 33166**

Mailing Address
~~6905 NW 52ND STREET~~
~~MIAMI FL 33166~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P.O. BOX 66-9128
Suite, Apt. #, etc.
City & State
MIAMI, FL 33166-9128
Zip Country

4. FEI Number **91-1804292**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOCOL, FERNANDO M
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MGRM	MANOEL KORT-KAMP	6905 N.W. 52ND STREET	MIAMI, FL 33166	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

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

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:

MANOEL KORT-KAMP

Managing Member 11/22/02

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

Date

Daytime Phone #

CR2E083 (4/02)