

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15523

1. Entity Name

E. C. I. COMMUNICATIONS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90313 004 ***150.00

Principal Place of Business

Mailing Address

C/O MARTHA DIAZ
9711 NW 27 ST
MIAMI FL 33172
US

% MARTHA DIAZ
9711 NW 27 ST
MIAMI FL 33331-2017
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15810 SW 56 ST
Suite, Apt. #, etc.

3. Mailing Address

15810 SW 56 ST
Suite, Apt. #, etc.

City & State

FT-LAUD, FLA

City & State

FT-LAUD, FLA

4. FEI Number

65-0152442

Applied For

Not Applicable

Zip

33331

Country

BRWD

Zip

33331

Country

BRWD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARTHA
9711 NW 27 ST
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Diaz Martha

Street Address (P.O. Box Number is Not Acceptable)

15810 SW 56 ST

City

FT-LAUD

FL

Zip Code

33331

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

1/14/00

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

TITLE ☐ Delete
NAME P
STREET ADDRESS DIAZ, MARTHA
CITY-ST-ZIP 9711 NW 27 ST
MIAMI 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Diaz Martha
STREET ADDRESS 15810 SW 56 ST
CITY-ST-ZIP FT-LAUD, FLA 33331

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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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 954 252-1701

CR2E034 (9/99)