

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001914

1. Entity Name
ECOPHARM LLC

FILED
May 30 2000 8:00 am
Secretary of State

Principal Place of Business
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

Mailing Address
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060-6748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

N/A

☒ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTERNATIONAL COMPANY SERVICES (USA) INC.
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name CARLTON-MANAGEMENT, INC.

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

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)

4/26/00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
RAYNER, MARK R
39 PUSHKINSKA STR. #6
KIEV, UKRAINE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
DICKSON, ANDREW
12 LESYA UKRAINK BLVD. #37
KIEV, UKRAINE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

BLT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

100003269421--7
-05/24/00--01018--003
*****200.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00

Date

954-943-1498

Daytime Phone #

CR2E083 (9/99)