

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002658

1. Entity Name

EC BROS. L.C.

APPROVED
AND
FILED

00 APR 22 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O BAUR. WOODBRIDGE. REUS & KLEIN. P.A.
100 N BISCAYNE BLVD 21ST FLOOR
MIAMI FL 33132-2306

Mailing Address

C/O BAUR. WOODBRIDGE. REUS & KLEIN. P.A.
100 N BISCAYNE BLVD 21ST FLOOR
MIAMI FL 33132-2304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0931326

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BAUR, THOMAS ESQ~~
NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI FL 33132-2306

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM ECKERMANN, DR. REINER ☐ Delete
STREET ADDRESS UBIERSTR 2
CITY-ST-ZIP D-65719 HOFHEIM GERMANY

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003242969--9
CITY-ST-ZIP -05/08/00--01111--016

TITLE NAME MGRM ECKERMANN, JOERN ☐ Delete
STREET ADDRESS BROOKDEICH 14-16
CITY-ST-ZIP D-21029 HAMBURG GERMANY

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Eckermann

04/13/00

+1 (305) 377-377
(305) 377-3561