

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90087 003 \*\*\*\*55.00

**DOCUMENT # M98000000836**

1. Entity Name  
**ECO-BLOCK, LLC**



Principal Place of Business  
**1225 SE 2ND AVE.  
FT. LAUDERDALE FL 33316**

Mailing Address  
**PO BOX 14814  
FT. LAUDERDALE FL 33302-4814**

**10104140**



2. Principal Place of Business  
**4100 N. Powerline Rd.  
Suite, Apt. #, etc.  
Bldg 1, Suite 1&2  
City & State  
Pompano Beach, FL  
Zip  
33073 Country  
USA**

3. Mailing Address  
**4100 N. Powerline Rd.  
Suite, Apt. #, etc.  
Bldg 1, Suite 1&2  
City & State  
Pompano Beach, FL  
Zip  
33073 Country  
USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2391128** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, JAMES D  
1225 S.E. SECOND AVENUE  
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Moore, James D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 N. Powerline Rd.  
Bldg 1, Suite 1&2  
City  
Pompano Beach FL Zip Code  
33073**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MOORE, J.D. 1225 S.E. SECOND STREET FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST THOMAS, LESLIE 1225 SE 2ND AVE FORT LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Moore, J.D. 4100 N. Powerline Rd, Bldg 1, Suite 1&amp;2 Pompano Beach, FL 33073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Dorr James C. 4100 N. Powerline Rd, Bldg 1, Suite 1&amp;2 Pompano Beach, FL 33073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** James D. Moore **5/10/03 954-766-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRZE083 (10/02)