

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000081**

1. Entity Name

ECU LINE U.S.A., LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

11825 N.W. 100TH ROAD, SUITE 5
MIAMI FL 33178

Mailing Address

11825 N.W. 100TH ROAD, SUITE 5
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854125

Applied For

Not Applicable

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMHOLD GENERAL PARTNERSHIP
11825 N.W. 100TH ROAD, SUITE 5
MIAMI FL 33178 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE WITTER, KRIS
11825 N.W. 100TH ROAD, SUITE 5
MIAMI FL 33178 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE WITTER, KRIS
11825 NW 100 RD, SUITE 5
MIAMI FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ECU LINE CANADA INC.
1804 ALSTEP DRIVE, UNIT2
MISSISSAUGA, ONTARIO CANADA L5S1W-1 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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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

8/1/00

Date

305 887 0900

Daytime Phone #

CR2E083 (500)