

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000963

1. Entity Name

E-COMB, INC.

→ E-CO-MB, INC.

Principal Place of Business

535 16TH STREET #11
MIAMI BEACH FL 33139

Mailing Address

P.O. BOX 336-891
MIAMI BEACH FL 33239

2. Principal Place of Business

360 COLLINS AVE.

Suite, Apt. #, etc.

APT. 203

City & State

MIAMI BEACH FL

3. Mailing Address

360 COLLINS AVE.

Suite, Apt. #, etc.

APT. 203

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

VARELA, VICTOR A
535 16TH STREET #11
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

LUIZ RODRIGUES

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

360 COLLINS AVE., APT. 203

City

MIAMI BEACH

FL

Zip Code

33139

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

LUIZ RODRIGUES - EXECUTIVE DIRECTOR

7/10/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARELA, VICTOR A	
STREET ADDRESS	900 16TH ST. #203	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIOTTA, LISA A	
STREET ADDRESS	240 COLLINS AVE #6B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARELA, LAURA C	
STREET ADDRESS	900 16TH ST. #203	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARA SMITH	
STREET ADDRESS	3301 S.W. 89th AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	STUART REED	<input type="checkbox"/> Delete
NAME	1420 PENNSYLVANIA AVE, #302	
STREET ADDRESS	MIAMI BEACH, FL 33139	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LUIZ RODRIGUES

7/10/2001

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90007 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)