2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006254

1. Entity Name

H*E*I *P/ECOLOGOS INC



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90047 003 ****61.25

| | ECOLOGO | , 114O1 | | | 1000 | | | | | | |
|--|--|--|---------------------|---|---|--|-------------------------------------|-------------------------------|------------------------------|--------------------------------|--|
| 5401 COLLINS AVE., SUITE 226 P | | | P.O. B0 | g Address DX 402666 FL 33140-0666 | <u> </u> | | | | | | |
| | | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | | 4. FEI Number 65 | 0794305 | <u> </u> | oplied For | |
| Zip | Country | | Zip | | Country | | 5. Certificate of Status Desired | | \$8.75 Add | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered A | | | | d Agent | | | 7. Name and Addre | ess of New Register | <u> </u> | <u> </u> | |
| | | | | | Name | ə [.] — | | | | | |
| Forti, Lawrence J 5401 Collins ave., Suite 226 | | | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI BE | EACH FL 33 | 140 | | | | | | | | | |
| | | | | | City | | | F | Zip Code | e | |
| 8. The above the obligation | e named entity tions of registe | submits this statement for ered agent. | r the purp | ose of changing its | registered office | or register | ed agent, or both, in th | ne State of Florida. Ta | am familiar with, | and accept | |
| SIGNATURE | | | | | | | | | | Į | |
| SIGNATORIE, | Signature, typed | or printed name of registered agent | and title if app | licable. (NOTE | : Registered Agent sig | nature required | when reinstating) | DAT | řĒ. | | |
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| FILE NOW: FEE IS \$61.25 | | |) | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | eck Payable partment of S | | |
| 10. | | OFFICERS AND DI | RECTORS | | 11. | | L ADDITIONS/CHANGES | S TO OFFICERS AND | DIRECTORS IN | 10 | |
| TITLE | PD | | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | FORTI, LA | | | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | JNS AVE., SUITE 226 CH FL 33140 | | * - | STREET ADDRES CITY-ST-ZIP | S | | | |] ! | |
| TITLE | D | 0/11 2 00 140 | · · | | OILL OI EIL | | | | | 1 - | |
| NAME | PRIETO, M. | | | NA Dalata | TITLE | | • • | | Change | Addition | |
| | | AHK A | | Delete | TITLE - NAME | | • | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | ONIENTE #9 | | Delete | | s | | | ☐ Change | Addition | |
| CITY-ST-ZIP | ANTIGUA, | | | Delete | - NAME | s | | | ☐ Change | Addition | |
| CITY-ST-ZIP | ANTIGUA, | ONIENTE #9 GUATEMALA | | Delete Delete | NAME STREET ADDRES CITY-ST-ZIP | <u></u> | act TAV | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP TITLE NAME | ANTIGUA, D POSTREL, | Oniente #9 Guatemala Jay | ·- | | NAME STREET ADDRES CITY-ST-ZIP TITLE NAME | <u></u> | TREL, JAY | ST 605 | | | |
| CITY-ST-ZIP | ANTIGUA, D POSTREL, 8801 SW 1 | ONIENTE #9 GUATEMALA JAY 42 AV STE 2014 | | | NAME STREET ADDRES CITY-ST-ZIP | 805 803 | TREL, JAY | 5 th 605 | ™ Change | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | ANTIGUA, D POSTREL, | ONIENTE #9 GUATEMALA JAY 42 AV STE 2014 | | ☐ Delete | NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP | Pos 103 HIA | M BEACH 1 | FL 33139 | № Change | Addition | |
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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:

305-865-4357