

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90209 044 \*\*\*150.00

**DOCUMENT # P00000027338**

1. Entity Name

**ECHU NIKE, INC.**

Principal Place of Business

**2046 S.W. 57TH AVENUE**  
**MIAMI FL 33155**

Mailing Address

**2046 S.W. 57TH AVENUE**  
**MIAMI FL 33155**

2. Principal Place of Business

**5508 SW 84th st**

3. Mailing Address

**5508 SW 84th st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

4. FEI Number

**65-0998224**

Applied For

Not Applicable

Zip

Country

**33134**

Zip

Country

**33134**5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES, GILBERTO**  
**2046 S.W. 57TH AVENUE**  
**MIAMI FL 33155**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALDES, GILBERTO	
STREET ADDRESS	2046 S.W. 57TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)