2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000028978 THE ECLISPE GROUP INC. Principal Place of Business Mailing Address 6901 SW 18TH STREET 6901 SW 18TH STREET SUITE E201 SUITE E201 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

ANDREOZZI, JEFFREY

SUITE E201

(See criteria on back)

SIGNATURE .

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

6901 SW 18TH STREET

BOCA RATON FL 33433

9. This corporation is eligible to satisfy its Intangible

RUSSELL, DAVID JR.

6901 SW 18TH STREET

BOCA RATON FL 33433

6901 SW 18TH STREET

BOCA RATON FL 33433

ANDREOZZI, ANTHONY L

6901 SW 18TH STREET

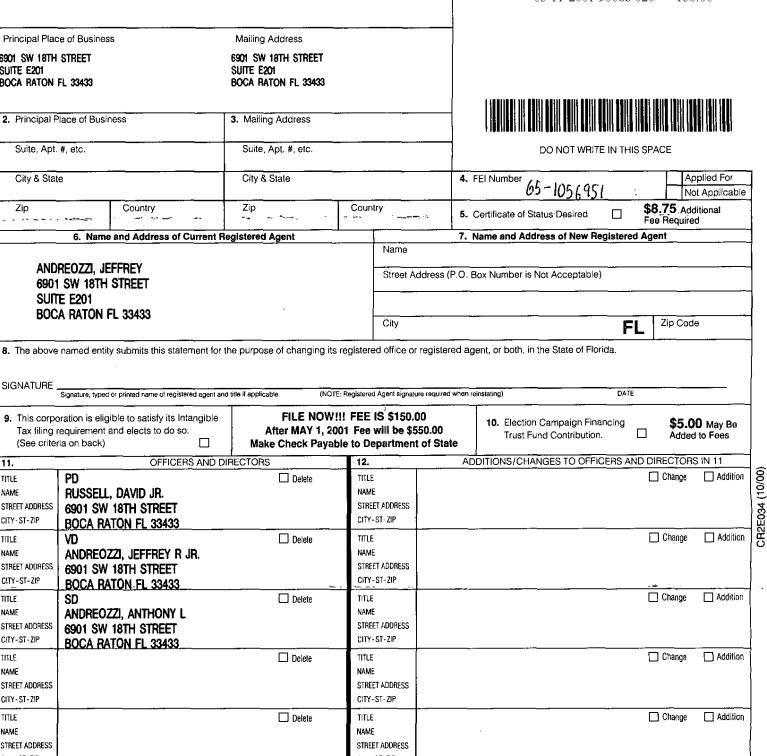
BOCA RATON FL 33433

ANDREOZZI, JEFFREY R JR.

Tax filing requirement and elects to do so.

May 11, 2001 8:00 am Secretary of State

05-11-2001 90068 020 ***150.00



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.

CITY-ST-ZIP

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition