P00000031460

ECOLLECT2000, COM INC.

Principal Place of Business

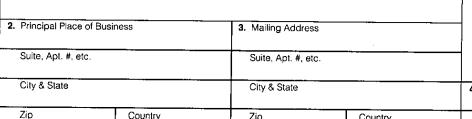
Mailing Address

4101 RAVENSWOOD RD #219

DANIA FL 33312

4101 RAVENSWOOD RD #219

DANIA FL 33312





DATE

Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		· <u> </u>	4. FEI Number 65-1008779	Applied For Not Applicable		
Zip	Country	Country Zip		try	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				
GUZMAN, ART 4101 RAVENSWOOD RD #219				Name Street Address (P.O. Box Number is Not Acceptable)				
Dania FL 333	312							
				City	FL	Zip Code		
8. The above name	ned entity submits this stateme	ent for the purpose of chan	nging its registere	ed office or regis	stered agent, or both, in the State of Florida.			

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTO	DC	140	- I DDITIONS (S. I.		
			12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, MARTIN 4101 RAVENSWOOD RD #219 DANIA FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sule 311	™ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ART 4101 RAVENSWOOD RD #219 DANIA FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sute 311	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition

13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or state employee. ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director effice 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #