2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State 05-03-2001 90939 033 ***150.00 Mailing Address 2699 STIRLING RD. B-303 FT. LAUDERDALE FL 33312 ししひひひびょひる DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZMAN Street Address (P.O. Box Number is Not Acceptable) Kavens wood FOOD

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to de

2699 STIRLING RD. B-303 FT. LAUDERDALE FL 33312

DOCUMENT # P0000031467

Avenswood

Country

П

1. Entity Name

ECOLLECT2000 INC.

Principal Place of Business

2. Principal Place of Business

GUZMAN, ART

8. The above named entity sub

(See criteria on back)

2699 STIRLING RD. B-303 FT. LAUDERDALE FL 33312

> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

e purpose of changing its registered office or registered agent, or both, in the State of Florida.

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (10/00) ☐ Delete TITLE Chapman, Marti CHAPMAN, MARTIN NAME NAME 4101 Ravenswood Road Suite 219 STREET ADDRESS 2699 STIRLING RD. B-303 STREET ADDRESS 333/2 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Dania, FL. TITLE. ☐ Delete TITLE Guzman, Art GUZMAN, ART NAME NAME 4101 Ravens wood Road Suite STREET ADDRESS 2699 STIRLING RD. B-303 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -ÉITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 eport 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 execut his 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 appreciate the empowered.

SIGNATURE:

Date

Daytime Phone #