

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90964 037 \*\*\*150.00

**DOCUMENT # P00000032378**

1. Entity Name  
**ECOASOCIADOS CORP.**



Principal Place of Business  
**4995 NW 79 AVENUE  
SUITE 109  
MIAMI FL 33166**

Mailing Address  
**4995 NW 79 AVENUE  
SUITE 109  
MIAMI FL 33166**

**11021064**



2. Principal Place of Business  
**2305 NW 107 AV.**

3. Mailing Address  
**2305 NW 107 AV.**

Suite, Apt. #, etc.  
**M-5 Box 75**

Suite, Apt. #, etc.  
**M-5 Box 75**

City & State  
**Miami FL**

City & State  
**Miami FL**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**52-2227846**

Applied For  
☐ Not Applicable

Zip  
**33172**

Country  
**U.S.A**

Zip  
**33172**

Country  
**USA**

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**

**MACIA, FEDERICO M  
395 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
AGÜERO, NORA  
4995 NW 79TH AVENUE STE 109  
MIAMI FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
AGÜERO, NORA  
2305 NW 107 AV STE M-5 BOX 75  
MIAMI FL 33172** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GABRIEL, CARROYO  
4995 NW 79TH AVE STE 109  
MIAMI FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GABRIEL CARROYO  
2305 NW 107 AV. STE. M-5 BOX 75  
MIAMI FL 33172** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/03**

Date

**305.5940031**

Daytime Phone #

CR2E034 (10/02)