2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am

OCUMENT # P000000684	:UE	3
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E & C ENTERPRISES, INC. OF BROWARD						04-23-2001 90180 040 ***150.00				
2328 N DIXIE I			Mailing Address 2328 N DIXIE HWY							
HOLLYWOOD I	FL 33020		HOLLYWOOD FL 33020			/ 3 0 1 /4 0 1 /4 1/4 10 11/1 10 66/1 10 0/1 1	MULLI MULLI ANI A AI LO	1 0 181 3 1811 4 1		
2. Principal Place of Business 4300 SHERIDAN ST Suite, Apt. #, etc.			3. Mailing Address 4300 SHERID Suite, Apt. #, etc.	AN ST		DO NOT	WRITE IN THIS SF	10111 01011 00		
APT 3	14		APT 3/4							
City & Sta HOLLY 1	~	FLORIDA	HOCCYWOOD,	FLORIZ	A 4.	. FEI Number		_ 	oplied For ot Applicable	
Zip 330 7		Country	Zip 33021	Country		Certificate of Status Desire	50F	8.75 Addee Require		
	6. Name	and Address of Current	Registered Agent	Name	7.	Name and Address of Ne	w Registered Ag	ent		
BAN	IHAN, ERIC		•	Strept	Address (P.O.	. Box Number is Not Accept	able)		···	
	B N DIXIE HV LYWOOD FL					- DOX NUMBER 19 NOT ACCEPT				
1100	LIVIOODIL	33020		0.4		HERIDAN STA		77 3/	4	
				City H	OLLYW	V00)	FL	ZIP Code	[®] 33021	
Tax filing (See crite	_	ele to satisfy its Intangible and elects to do so.	After MAY 1, 200 Make Check Payab	le to Departme	550.00 nt of State	10. Election Campaigr Trust Fund Contrib	ution,	Added	O May Be I to Fees	
TITLE	D	OFFICERS AND	DIRECTORS Delete	12.	^	DDITIONS/CHANGES TO		DIRECTORS Thange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Banhan, I 2328 n Di)		. Delete	NAME STREET ADDRESS CITY-ST-ZIP	4300 HOLLY	SHERIDAN S	-	•		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D BROWN, C 2328 N DIX	HARMAINE (IE HWY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SHERIDAN ST		X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HULLYWO	OD FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17000	PWOOD, PL	<u> 3500</u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_7IP				_ Change	Addition	

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR