

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91193 001 \*\*\*150.00

DOCUMENT # P00000071875  
 1. Entity Name  
**ECEUS.COM, INC.** ✓

Principal Place of Business Mailing Address

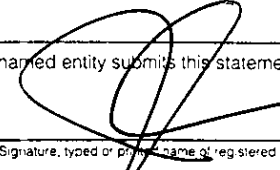
2. Principal Place of Business 12717 W Sunrise Blvd  
 Suite, Apt. #, etc. 250  
 City & State Sunrise FL  
 Zip 33323 Country US

3. Mailing Address 12717 W Sunrise Blvd  
 Suite, Apt. #, etc. 250  
 City & State Sunrise FL  
 Zip 33323 Country US

4. FEI Number 65-1027568  
 Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FILINGS, INC.**  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent  
 Name **JOEL KORNBERG, M.D., J.D., P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **7301A W PALMETTO PARK RD**  
**STE 305C**  
 City **BOCA RATON** FL Zip Code **33433**

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.  
 SIGNATURE  **PRESIDENT JOEL KORNBERG, M.D., J.D., P.A.** 4/27/01  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
 (See criteria on back)  
 FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State  
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

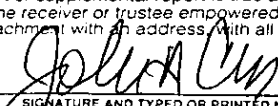
11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE B. MOORE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JOHN H. CROSS	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE B. MOORE	
STREET ADDRESS	2721 NE 15th St	
CITY-ST-ZIP	Pompano Bch FL 33062	
TITLE	D, VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN H. CROSS	
STREET ADDRESS	549 Lakeside Circle	
CITY-ST-ZIP	FT LAUD FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  4-30-01 954-389-9540  
 Signature and typed or printed name of signing officer or director Date