

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P000000 75463*

1. Entity Name

*E.C. CORP.*

FILED

02 OCT 11 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*20901 N.E. 24TH AVE*

3. Mailing Address

*20901 N.E. 24TH AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami*

City & State

*Miami*

Zip

*FI*

Country

*33180*

Zip

*FI*

Country

*33180*

4. FEI Number

*651030622*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *LEONARDO SANTIAGO*

Street Address (P.O. Box Number is Not Acceptable)  
*20901 N.E. 24TH AVE*

City *Miami*

FL

Zip Code  
*33180*

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

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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY - ST - ZIP
	<i>D</i>	<i>LEONARDO SANTIAGO</i>	<i>20901 N.E. 24TH AVE</i>
		<i>Miami</i>	<i>FI 33180</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

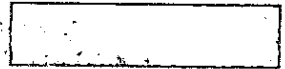
*10-9-02 305-799-9305*

Date

Daytime Phone #

20901 N.E. 24 AVE  
MIAMI, FL 33180  
PHONE # 305-799-9305  
FAX # 305-932-7976

272

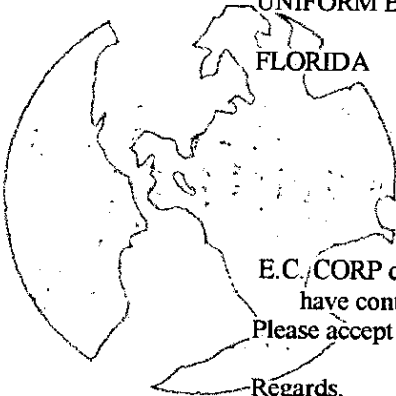


E.C.CORP.

October 9, 2002


DEPARTMENT OF STATE  
UNIFORM BUSINESS REPORT

FLORIDA



E.C. CORP did not receive a uniform business report and did not file. The corporation had moved. I have contacted you department and was instructed to send in \$150.00 for the filling fees. Please accept my report and filling fee.

Regards,



Leonardo Santiago

AN ENVIRONMENTAL CORPORATION