

Apr 29 03 12:08a

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000082599

1. Entity Name

ELECOM ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

90128174

2. Principal Place of Business
8321 NW 68TH ST.
Suite, Apt. #, etc.

3. Mailing Address
8321 NW 68TH ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1056650

Applied For
Not Applicable

Zip Country
33166 US

Zip Country
33166 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BORETTINI, EVERARDO
Street Address (P.O. Box Number is Not Acceptable)
16475 GOLF CLUB RD. #313

City Zip Code
WESTON FL 33326

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BORETTINI, EVERARDO
8321 NW 68TH ST.
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALVAREZ, GUSTAVO
8321 NW 68TH ST.
MIAMI, FL 33166

TITLE
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IN THIS SPACE**

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

SIGNATURE:

EVERARDO BORETTINI (PRES.)

4/28/2003

305-593-8443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #