

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-17-2001 91355 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084308

1. Entity Name

ECO BUILDERS, INC.

Principal Place of Business

4260 N.W. 1ST AVENUE, #50
BOCA RATON FL 33431

Mailing Address

4260 N.W. 1ST AVENUE, #50
BOCA RATON FL 33431

2. Principal Place of Business

4920 N. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

(Same)

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

4. FEI Number

105-1040692

Applied For

Not Applicable

Zip

33334

Country

US

Zip

Country

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
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

No change

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.

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)

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 ☐ Delete
 NAME D
 STREET ADDRESS FRIEDMAN, JONATHAN
 CITY-ST-ZIP 4260 N.W. 1ST AVENUE, #50
BOCA RATON FL 33431

TITLE ☐ Delete
 NAME D
 STREET ADDRESS YEFFETH, ALLEN
 CITY-ST-ZIP 4260 N.W. 1ST AVENUE, #50
BOCA RATON FL 33431

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS Catherina T. Engels
 CITY-ST-ZIP 2151 NE 42nd Ct, 224-D
Lighthouse Pt, FL 33063

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)