

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90309 035 \*\*\*150.00

0098513

**DOCUMENT # P00000084489**

1. Entity Name  
**ECOPLANTS USA, INC.**

Principal Place of Business  
**17830 NW 66TH CT CIR**  
**MIAMI LAKES FL 33015**

Mailing Address  
**17830 NW 66TH CT CIR**  
**MIAMI LAKES FL 33015**

2. Principal Place of Business  
**1509 N.W. 82 AVE.**  
 Suite, Apt. #, etc. **-**

3. Mailing Address  
**1509 N.W. 82 AVE.**  
 Suite, Apt. #, etc. **-**



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI - FLORIDA**  
 Zip **33126** Country **DADE**

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 Zip **33126** Country **DADE**

4. FEI Number **65-1037930**  
 Applied For ☐ Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**

**BERGNA, ALFREDO**  
**17830 NW 66TH CT CIR**  
**MIAMI LAKES FL 33015**

**7. Name and Address of New Registered Agent**

Name **ALFREDO G. BERGNA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16040 E. TROON CIRCLE**  
 City **MIAMI LAKES** FL **33014**

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 **ALFREDO G. BERGNA - PRESIDENT** **04-10-01**  
 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	PSD	<input type="checkbox"/> Delete
NAME	BERGNA, ALFREDO	
STREET ADDRESS	17830 NW 66TH CT CIR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SCAVETTA, LUIGI	
STREET ADDRESS	17830 NW 66TH CT CIR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGNA, ALFREDO G.	
STREET ADDRESS	16040 E. TROON CIR. MIA. LKS. FL. 33014	
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVETTA, LUIGI	
STREET ADDRESS	16040 E. TROON CIR. MIA. LKS. FL. 33014	
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		
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 another like empowered.

SIGNATURE: **ALFREDO G. BERGNA (PRES.)** **04-10-01** **305-4509894**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)