

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90180 019 ***150.00

U130843 AY

DOCUMENT # P00000084489

1. Entity Name

ECOPLANTS USA, INC.

Principal Place of Business

1509 N.W. 82ND AVENUE
MIAMI FL 33126
US

Mailing Address

1509 N.W. 82ND AVENUE
MIAMI FL 33126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
16040 E TROOM CIRCLE
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name **Flores, Manuel**

Street Address (P.O. Box Number is Not Acceptable)
1927 SW 19th Ave.

City **Miami**

FL

Zip Code
33145

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]

Manuel Flores

2/5/02

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, 2002 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** ☒ Delete
NAME **BERGNA, ALFREDO**
STREET ADDRESS **1640 E TROOM CIRCLE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VTD** ☐ Delete
NAME **SCAVETTA, LUIGI**
STREET ADDRESS **16040 E TROOM CIRCLE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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 **P/D** ☒ Change ☐ Addition
NAME **Scavetta, Luigi**
STREET ADDRESS **7830 Wentworth Drive**
CITY-ST-ZIP **Duluth, MN 33097**

TITLE **D** ☐ Change ☒ Addition
NAME **Reed-Toney**
STREET ADDRESS **1509 NW 82 Ave**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **SIT** ☐ Change ☒ Addition
NAME **Haefner, Carol**
STREET ADDRESS **16850 S. Gales Dr. #81**
CITY-ST-ZIP **Norm Miami Beach, FL 33162**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Haefner Secretary / Treasurer 2/5/02
Date Daytime Phone #

305-597-7700

CR2E034 (9/01)