

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90139 020 \*\*\*150.00

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

00010000



2. Principal Place of Business

3. Mailing Address

1500 NW 95th Avenue

3651 Peachtree Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL 33

Suwanee - GA

Zip

Country

Zip

Country

33172

USA

30024

USA

4. FEI Number

65-1037930

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER, ROSA A  
2743 SW 78TH COURT  
MIAMI FL 33155

Name

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCAVETTA, LUIGI  
STREET ADDRESS 1509 NW 82ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE DVP  
NAME REED, TONEY  
STREET ADDRESS 1509 NW 82ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

TITLE  
NAME Guiselle Leon  
STREET ADDRESS 3651 Peachtree Pkwy Ste E346  
CITY-ST-ZIP Suwanee - GA 30024 ☐ Change ☒ Addition

TITLE S  
NAME NIHILL, JULIAN  
STREET ADDRESS 1719 MAIN STREET, SUITE 500  
CITY-ST-ZIP DALLAS TX 75201 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Guiselle Leon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-25-03

7706053829

Date

Daytime Phone #

CR2E034 (10/02)