

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000085961**1. Entity Name  
EAST COAST ASSEMBLERS, INC.

## Principal Place of Business

7027 WEST BROWARD BOULEVARD  
UNIT 278  
PLANTATION FL  
33317

## Mailing Address

7027 WEST BROWARD BOULEVARD  
UNIT 278  
PLANTATION FL  
33317

## 2. Principal Place of Business

18520 NW 67TH AVE

## 3. Mailing Address

18520 NW 67TH ST

## Suite, Apt. #, etc.

#168

## Suite, Apt. #, etc.

#158

## City &amp; State

MIAMI FL

## City &amp; State

MIAMI FL

## 4. FEI Number

Applied For

☒ Not Applicable

## Zip

33015

## Country

## Zip

33015

## Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE

CORAL GABLES FL

33134 US

## 7. Name and Address of New Registered Agent

## 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.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/10/2001

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	VTD	<input checked="" type="checkbox"/> Delete
NAME	FRASER DAVID J	
STREET ADDRESS	7027 WEST BROWARD BOULEVARD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	DURAN JOSEPH M	
STREET ADDRESS	7027 WEST BROWARD BOULEVARD	
CITY-ST-ZIP	PLANTATION FL 33317	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN JOSEPH M	
STREET ADDRESS	1850 NW 186 TH ST	
CITY-ST-ZIP	MIAMI FL 33015	
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		
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 all other like empowered.

**SIGNATURE: JOSEPH DURAN**

PSD

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)