

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90371 001 ***317.50

DOCUMENT # P00000089023

1. Entity Name

ECGP CORPORATION

Principal Place of Business

1801 LAS CASAS RD
BOCA RATON FL 33486

Mailing Address

1801 LAS CASAS RD
BOCA RATON FL 33486

2. Principal Place of Business

3950 S. 57 Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Greenacres, FL

City & State

Greenacres, FL

Zip
33463

Country
U.S.A.

Zip

Country

4. FEI Number

65-1040658

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, ESTHER
1801 LAS CASAS RD
BOCA RATON FL 33486

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STEPHENS, ESTHER
STREET ADDRESS
1801 LAS CASAS RD
CITY-ST-ZIP
BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
President
STEPHENS, Esther
STREET ADDRESS
1801 LAS CASAS Road
CITY-ST-ZIP
BOCA RATON, FL. 33486 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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)