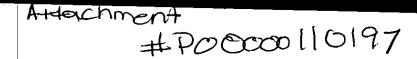
20(UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 00000/10197 1. Entity Name ECOL INTERNATIONAL INC. 02 APR 16 PM 12: 54 Principal Place of Business Mailing Address 7802 Kingspointe Pkwy. SECRETARY OF STATE 7802 Kingspointe Pkwy. Suite 207 - B Suite 207 - B TALLAHASSEE. FLORIDA Orlando, Florida 32819 Orlando, Florida 32819 2. Principal Place of Business Mailing Address 7802 Kingspointe Pkwy 7802 Kingspointe Pkwy. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 207 - B Suite 207 - B City & State OrlandO, Florida City & State 4. FEI Number Applied For 65 - 1061420 Ortando, Florida Not Applicable Ζiο Country Zip Country 32819 \$8.75 Additional U.S.A. 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo Cesar A: Guarderas STEPHEN R. RAPPORT Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle 11058 Crystal Glen Blvd. Suite 711 Coral Gables, FI 33134 City Orlando 8. The above named entity submits this states ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. April 8, 2002 Signature, typed of price (NOTE: Registered Agent signature required when reinstating) DATE PRE-NOWRI FEE IS \$550.00. Amer September 12, 2001 Fee will be \$156.00. Make Chats: Payable to Department of State. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE President Delete TITLE ☐ Change Addition NAME Cesar A. Guarderas NAME STREET ADDRESS 11058 Crystal Glen Blvd. STREET ADDRESS CITY-ST-ZIF Orlando, Florida 32837 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME **600005538806--**-05/16/02--01004--028 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY_ST_7IP ****300.00 ****300.00 TIFLE ☐ Defete TITS F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete IME Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE □ Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP me ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. If the certify that the information of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12. **SIGNATURE:** NITED NAME OF SIGNING OFFICER OR DIRECTOR



ECOL INTERNATIONAL INC.

• 7802 Kingspointe Parkway Suite 2078 - Orlando, Fl 32819 •

• Phone 407 370 5707 • • Fax 407 854 3841 •

April 5, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FI 32302

As per our phone conversation. I am sending a check for \$ 300.00 for 2001 and 2002 payment.

I could not pay before, because I never received the statement for this concept, this statement was sent to a wrong address.

Thank you in advance,

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Cesar Guarderas President.