## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2001 8:00 am DOCUMENT # P00000110886 Secretary of State 1. Entity Name ECO MODA CORPORATION OF AMERICA 05-22-2001 90634 050 \*\*\*150 00 Principal Place of Business Mailing Address 10500 N.W. 29TH TERRACE 10500 N.W. 29TH TERRACE MIAMI FL 33172 MIAMI FL 33172 A0071201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1081850 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENGUIGUI, MYRIAM Street Address (P.O. Box Number is Not Acceptable) 4350 POST AVENUE MIAMI BEACH FL 33140 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \_\_\_Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD ☐ Delete BENGUIGUI, MYRIAM NAME NAME STREET ADDRESS 4350 POST AVENUE STREET ADDRESS Company Started JAN-15-2001 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 TITLE ☐ Delete TITLE I thought No renewAl was necessary NAME NAME STREET ADDRESS STREET ADDRESS Fiest year as it was induded CITY-ST-ZIF CITY-ST-ZIP Addition TITLE □ Delete TITLE IN the with fees of Coep NAME NAME which havent started doing STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP bussiness hope you will Accept TITLE ☐ Delete TITLE NAME NAME 1500 this first year only STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP for the paymets will be made on home fluing 5 Delete ☐ Addition -TITLE NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme with all other like empowered.

SIGNATURE:

My RAM BANGUIGUI 5/1/2001 305-477-2554 AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR