

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10P2

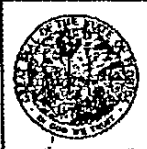
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05 DEC 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019193

1. Entity Name

ECO MODA EXCLUSIVE, INC.



DO NOT WRITE IN THIS SPACE

900062512775
12/30/05--01055--015 **600.00

2. Principal Place of Business

915 NW 1 Ave

3. Mailing Address

Suite, Apt. #, etc.
3rd H 1901

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33136

Zip

Country

REINSTATEMENT

02-05

4. File Number
203905047

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **JUNIOR CORZO**

Street Address (P.O. Box Number is Not Acceptable)
915 NW 1 Ave

City & State
3rd H 1901

City & State
Miami FL Zip 33136

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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, word or printed name of registered agent and file # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

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

TITLE	President
NAME	JUNIOR CORZO
STREET ADDRESS	915 NW 1 Ave 3rd H 1901
CITY-STATE-ZIP	Miami, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Page #

B. Mitchell DEC 12 2005

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002-2005 or any other notice from the Division of Corporations in respect with the Corporation, **ECO MODA EXCLUSIVE, INC.**

Thank you for your courtesy in this matter.



JUNIOR CORZO
PRESIDENT