

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90076 026 ***150.00

DOCUMENT #PO1000031385

1. Entity Name **ECM Holding, Inc.**
1455 NW 14 th St.
Miami, FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1455 NW 14 th St	3. Mailing Address 250 Velarde Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Fl	City & State Coral Gables, Fl	4. FEI Number Applied for	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33125	Country Miami-Dade	Zip 33134	Country Miami-Dade
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Benjamin Metch**
Street Address (P.O. Box Number is Not Acceptable)
1455 NW 14th St
City **Miami** **FL** Zip Code **33125**

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  **Eliseo L Martinez President** **2/22/2002**
Signature, type, or print 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Eliseo L Martinez D 1455 NW 14 St Miami, Fl 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Eliseo L Martinez 2/22/02(305)245-7544**
SIGNATURE AND SEAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)