

6/11

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90485 043 \*\*\*150.00

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

DOCUMENT # **201000049933**

1. Entity Name:

**EARTH CITIZENS** ✓**DO NOT WRITE IN THIS SPACE****38741**

2. Principal Place of Business

**7606 HARBOUR BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**7606 HARBOUR BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**MIRAMAR FL**

City &amp; State

**MIRAMAR FL**

4. UBR Number

**201000049933**

Applied Fee

Via Application

Zip

**33023**

Country

**U.S.A.**

Zip

**33023**

Country

**USA**

5. Certificate of Status Requested

☐**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **SPIEGEL PUTERA PA**

Street Address (P.O. Box Number is Not Acceptable)

**1840 CORAL WAY**City **MIAMI**

FL

Zip Code

**33145**

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 is required when representing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**JANUARY 15, MAY 15, SEP 15, 2002**  
**After May 15, Fee is \$50.00**  
**Amended UBR is \$81.25**  
**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

**P**  
**BRIN ABEL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE 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)(b), 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 officer like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-02 (305) 815-6693

Date

(Filing Fee)

CR2034B (12/01)

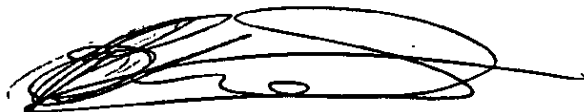
BRIN ABEL  
7606 HARBOUR BLVD  
MIRAMAR FL 33023  
EARTH CITIZENS INC.  
P01000049933

Attachment  
FEI#

P01000049933

UNIFORM BUSINESS REPORT

AS PER MY CONVERSATION WITH JENNIFER, THIS DOCUMENT IS TO  
INFORM THAT MY COMPANY DID NOT RECEIVE A UBR VIA THE MAIL IN  
THE EARLIER PART OF THE YEAR. THE DOCUMENT HAS BEEN  
DOWNLOADED AND THE APPROPRIATE INFORMATION HAS BEEN  
PROVIDED. ENCLOSED IS A CHECK FOR US\$150. THANK YOU



6-7-02.

BRIN ABEL PRESIDENT

38741

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000049933**

1. Entity Name  
**EARTH CITIZENS, INC.**

Principal Place of Business  
**7606 HARBOUR BLVD  
MIRAMAR FL 33023**

Mailing Address  
**7606 HARBOUR BLVD  
MIRAMAR FL 33023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7606 HARBOUR BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**7606 HARBOUR BLVD**  
Suite, Apt. #, etc.

City & State

**MIRAMAR FL**

City & State

**MIRAMAR FL**

4. FEI Number

**65-110-5434**

Applied For

Not Applicable

Zip

**33023**

Country

**U.S.A.**

Zip

**33023**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
**SPIEGEL & UTRERA P.A.**  
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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE **PSTD** ☐ Delete  
NAME **ABEL, BRIN**  
STREET ADDRESS **7606 HARBOUR BLVD**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 attachment with an address with all other like empowered.

SIGNATURE:

**SPIEGEL & UTRERA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-02**

CR2E034 (4/02)