

2002 UNIFORM BUSINESS REPORT (UBR)

182

DOCUMENT # P01000060466

1. Entity Name

E.C.H. SERVICES, INC

FILED

02 MAY 16 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
857 W 37 ST 857 W 37 ST.
HIALEAH, FL. 33012 HIALEAH, FL. 33012

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1112795

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ENRIQUE CORONADO

857 W 37 ST

HIALEAH, FL. 33012

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

Enrique Coronado

Registered Agent

5/01/02

Signature of the individual or printed name of registered agent and one if applicable

(NOTE: Registered Agent's 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 \$150.00

After May 1, 2002 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME ENRIQUE CORONADO
STREET ADDRESS 857 W 37 ST.
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition
NAME 500005620555-7
STREET ADDRESS -05/28/02--01019-019
CITY-ST-ZIP ***150.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/02 (305)362-5308

Date

Daytime Phone

E.C.H. SERVICES, INC.
857 West 37 Street
Hialeah, Fl 33012

282

May 15, 2002

DEPARTMENT OF STATE

Gentlemen:

Please enclosed find a check for \$150.00, and filling fee form/2002.

We never received letter from your office and this payment was overlooked. We used to pay our bill on time.

If you have any question do not hesitate to let us know.

Very Truly



ENRIQUE CORONADO - Pres