

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-30-2003 90035 040 ***120.00
06-02-2003 90189 035 ****30.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000083603

1. Entity Name
ECUA-ENVIA FAST CORPORATION



Principal Place of Business
3501 W VINE STREET
SUITE 310 327
KISSIMMEE FL 34741
US

Mailing Address
3501 W VINE STREET
SUITE 310 327
KISSIMMEE FL 34741
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3737654

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, IVAN A
9753 S. ORANGE BLOSSOM TRAIL, SUITE 202
ORLANDO FL 32837

Name
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CONKLIN, AIDA
STREET ADDRESS 2454 HYBIRD DR.
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE
NAME CONKLIN AIDA
STREET ADDRESS 2454 HYBIRD DR.
CITY-ST-ZIP KISSIMMEE FL 34758 ☒ Change ☐ Addition

TITLE D
NAME BENITEZ, CELIA
STREET ADDRESS 2454 HYBIRD DR.
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE
NAME BENITEZ CELIA
STREET ADDRESS 2454 HYBIRD DR.
CITY-ST-ZIP KISSIMMEE FL 34758 ☒ Change ☐ Addition

TITLE DT
NAME RODRIGUEZ, OLGA
STREET ADDRESS 4414 SHADOW CREST PL
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

05/28/03

Deputy Phone

CR2034 (10/02)