

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90031 011 \*\*\*150.00

0287562 AV

**DOCUMENT # P01000108084**

1. Entity Name  
**ECOREPUBLIC, INC.**

Principal Place of Business  
**19707 TURNBERRY WAY #22F**  
**AVENTURA FL 33180**

Mailing Address  
**19707 TURNBERRY WAY #22F**  
**AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59 395 5582**

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

**YOUNG, SAM ESQ**  
**1001 BRICKELL BAY DRIVE SUITE 1710**  
**MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RUBEN, ERNESTO</b>
STREET ADDRESS	<b>19707 TURNBERRY WAY #22F</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RUBEN, MOISES</b>
STREET ADDRESS	<b>19955 NE COUNTRY CLUB DRIVE APT 1804</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KASSIN, SALOMON</b>
STREET ADDRESS	<b>19477 40TH AVENUE</b>
CITY-ST-ZIP	<b>SUNNY ISLES FL 33160</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**

Date

**305 932 5760 x124**

Daytime Phone #

CR2E034 (9/01)