

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

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90001 014 \*\*\*550.00

DOCUMENT # P01000108084

1. Entity Name

EcoREPUBLIC INC



**DO NOT WRITE IN THIS SPACE**

**54073038**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2440 NE MIAMI GARDENS DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

4. FEI Number

59-3755582

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D
NAME	ERNESTO RUBEN
STREET ADDRESS	3262 NE 211 TERRACE
CITY-ST-ZIP	AVENUE FL 33180
TITLE	D
NAME	MOISES RUBEN
STREET ADDRESS	19955 NE COUNTRY CLUB DRIVE #1804
CITY-ST-ZIP	AVENUE, FL 33180
TITLE	D
NAME	SALOMON MASSIN
STREET ADDRESS	150 SE 2ND AVENUE SUITE 609
CITY-ST-ZIP	MIAMI FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)