

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-02-2003 90183 042 ***550.00

DOCUMENT # P01000108084

1. Entity Name
ECOREPUBLIC, INC.



Principal Place of Business
2440 NE MIAMI GARDENS DRIVE
SUITE 107
NORTH MIAMI FL 33180

Mailing Address
2440 NE MIAMI GARDENS DRIVE
SUITE 107
NORTH MIAMI FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

Country

Zip

Country

4. FEI Number 59-3755582

Applied For

Not Applicable

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

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME RUBEN, ERNESTO
STREET ADDRESS 19707 TURNBERRY WAY #22F
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☒ Change ☐ Addition
NAME RUBEN, ERNESTO
STREET ADDRESS 3262 NE 211 TERRACE
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete
NAME RUBEN, MOISES
STREET ADDRESS 19955 NE COUNTRY CLUB DRIVE APT 1804
CITY-ST-ZIP AVENTURA FL

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

TITLE D ☐ Delete
NAME KASSIN, SALOMON
STREET ADDRESS 19477 40TH AVENUE
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE D ☒ Change ☐ Addition
NAME SALOMON KASSIN
STREET ADDRESS 150 SE 2ND AVENUE SUITE 609
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 RUBEN

8/29/03

305-466-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)