

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90324 020 ***150.00

DOCUMENT # P01000109666

1. Entity Name
EKORB CONSTRUCTION CONSULTING CORP.

Principal Place of Business
7880 WEST 20 AVENUE BAY 35
HIALEAH FL 33016

Mailing Address
7880 WEST 20 AVENUE BAY 35
HIALEAH FL 33016

2. Principal Place of Business
7880 WEST 20 AVE
 Suite, Apt. #, etc.
BAY 37

3. Mailing Address
7880 WEST 20 AVE
 Suite, Apt. #, etc.
BAY 37

City & State
HIALEAH, FL 33016

City & State
HIALEAH, FL

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEW, MARIO
7880 WEST 20 AVENUE BAY 35
HIALEAH FL 33016

Name
LEW, MARIO

Street Address (P.O. Box Number is Not Acceptable)
7880 WEST 20 AVENUE BAY 37

City **HIALEAH** **FL** **Zip Code** **33016**

7. Name and Address of New Registered Agent

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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

TITLE ☐ **Delete**
NAME **D LEW, MARIO**
STREET ADDRESS **7880 WEST 20 AVENUE BAY 35**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7880 WEST 20 AVENUE BAY 37**
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

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: _____ **DATE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)