

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-24-2003 90147 049 ***150.00

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DOCUMENT # P02000028786 1. Entity Name ECO MASTERS, INC.			
Principal Place of Business 13232 S.W. 87TH TERRACE MIAMI FL 33183		Mailing Address 13232 S.W. 87TH TERRACE MIAMI FL 33183	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0638165		Applied For - <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, OSCAR 13232 S.W. 87TH TERRACE MIAMI FL 33183		7. Name and Address of New Registered Agent Name RODRIGUEZ, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 13232 S.W. 87TH TERRACE City MIAMI FL 33183	
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 <i>Patricia Rodriguez</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME RODRIGUEZ, OSCAR STREET ADDRESS 13232 S.W. 87TH TERRACE CITY-ST-ZIP MIAMI FL 33183	TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PATRICIA RODRIGUEZ STREET ADDRESS 13232 S.W. 87TH TERRACE CITY-ST-ZIP MIAMI, FL 33183	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAVIER RODRIGUEZ STREET ADDRESS 13232 S.W. 87TH TERRACE CITY-ST-ZIP MIAMI FL 33183	
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"/> 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"/> 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Patricia Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

CR2E034 (10/02)