

FILED
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Secretary of State

5/17

05-01-2003 90385 040 ***155.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000032605

1. Entity Name
ECUSA SERVICES CORP.



Principal Place of Business
3104 GREEN TURTLE PLACE
MARGATE FL 33063

Mailing Address
3104 GREEN TURTLE PLACE
MARGATE FL 33063

44005453

2. Principal Place of Business
3104 GREEN TURTLE PL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FL
Zip
33063

City & State
MARGATE, FL
Zip
33063

4. FEI Number
020570892
Applied For
Not Applicable

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

MORALES, TERESITA
3104 GREEN TURTLE PLACE
MARGATE FL 33063

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
Teresita Morales
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02-24-03
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. ☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PRESIDENT	TERESITA MORALES	3104 GREEN TURTLE PL	MARGATE, FL 33063	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

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

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 Teresita Morales 05-27-03
Signature typed or printed name of signing officer or director Date Daytime Phone #