

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

DOCUMENT # **P02 000057036**

1. Entity Name

E-Commerce Consulting Group Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 E Atlantic Ave

3. Mailing Address

110 E Atlantic Ave

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

320

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33444

Country

USA

Zip

33444

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUN 10 PM 2:30

500036520005

06/10/04--01064--001 **600.00

REINSTATEMENT

0304

4. FBI Number

043086581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Anthony Caliendo

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

110 E Atlantic Ave 320

City

Delray Beach

FL

Zip Code

33444

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

X

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Anthony Caliendo
110 E Atlantic Ave 320
Delray Beach FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500036520005
05/17/04--01068--020 **300.00**

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IN THIS SPACE**

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

SIGNATURE:

X

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034B (12/01)