FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 MAY -4 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000122300

1. Entity Name: ECUADOR ENTERPRISE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4820 SW 152 PL	SAME
Suite, Apt. #, etc: —	Suite, Apt. #, etc
City & State: MIAMI - FLORIDA	City & State
Zip: 33185 / *Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: [X] 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: ELISANDRA FIORILLO

Street Address (P.O. Box Number is Not Acceptable): 4820 SW 152 PL

City: MIAMI FL Zip Code: 33185

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: _____ Date: _____
(Signature, name, of amended name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

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	PRESIDENT
NAME	ELISANDRA FIORILLO
STREET ADDRESS	4820 SW 152 PL
CITY-ST-ZIP	MIAMI, FLORIDA - 33185
TITLE	
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CR2E034B (12/01)

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 12 above, with all other like empowered.

SIGNATURE: Elisandra Fiorillo 5/3/04 786 262 3875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #