

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90051 045 ***150.00

DOCUMENT # P92000012954

1. Entity Name

ECO EXPEDITIONS, INC.

Principal Place of Business

**12237 SW 132 CT
10-B
MIAMI FL 33186**

Mailing Address

**1172 S. DIXIE HWY
#487
MIAMI FL 33142
US**
**PMB 329-12973 SW 11
Miami, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0380053**

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

**BISHOP, LAWRENCE
1172 S DIXIE HWY, #487
STE 8-C
MIAMI FL 33142**

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BISHOP, LAWRENCE**
CITY-ST-ZIP **1172 S DIXIE HWY #487 PMB 329-12973 SW 112 ST
CORAL GABLES FL Miami, FL 33186**TITLE ☒ Change ☐ Addition
NAME **112 ST**
STREET ADDRESS **PMB 329-12973 SW 112 ST**
CITY-ST-ZIP **Miami, FL 33186**TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **CROSS, LILLIAN**
CITY-ST-ZIP **13514 SW 111 TERR
MIAMI FL 33186**TITLE ☒ Change ☐ Addition
NAME **PMB 329-12973 SW 112 ST**
STREET ADDRESS **Miami, FL 33186**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

LILLIAN CROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/23/01**
Date**305-253-3446**
Daytime Phone #

9995911

CR2E034 (10/00)