

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
 03-13-2001 90313 015 ***150.00

0166202

DOCUMENT # P93000029117

1. Entity Name
ECOLOGIC TOURISM CONSULTING, INC.

Principal Place of Business
1149 SW 27TH AVE SUITE 305
MIAMI FL 33135-4700
US

Mailing Address
1149 SW 27TH AVE SUITE 305
STE 305
MIAMI FL 33135-4700
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0403210**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

VENTURA, ENRIQUE J ESQ
255 UNIVERSITY DR
CORAL GABLES FL 33134

Name

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

215 PONCE DE LEON 3RD FLOOR

City

C. GABRIEL

FL

Zip Code

33134

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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	COMAS, FEDERICO		
1149 SW 27 AVE STE 305	MIAMI FL		
STD	GRAELLS, NURIA		
1149 SW 27 AVE STE 305	MIAMI FL		
VD	GRAELLS, MONTSERRAT		
1149 SW 27 AVE STE 305	MIAMI FL		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01
 Date

325-643-6455
 Daytime Phone #

CR2E034 (10/00)