

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047922

1. Entity Name

ECL ENTERPRISES, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90048 014 \*\*\*150.00

Principal Place of Business

1880 S.W. 57TH AVE.  
MIAMI FL 33155

Mailing Address

1880 S.W. 57TH AVE.  
MIAMI FL 33155-2139

2. Principal Place of Business

5703 SW 17 St

3. Mailing Address

5703 SW 17 St

Suite, Apt. #, etc.

Miami

City & State

FL

Zip

33155

Country

USA

City

MIAMI

State

FL

Zip

33155

Country

USA

City

MIAMI

State

FL

Zip

33155

Country

USA

City

MIAMI

State

FL

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Zip

33155

Country

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Zip

33155

Country

USA

City

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State

FL

Zip

33155



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0422750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRAT-MORALES, MARIA C  
1880 S.W. 57TH AVE.  
MIAMI FL 33155

7. Name and Address of New Registered Agent

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]*

President/Agent

1/20/2000

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, 2000 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PRAT-MORALES, MARIA C	
STREET ADDRESS	1880 S.W. 57TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRAT-MORALES, MARIA C		
STREET ADDRESS	5703 SW 17 St		
CITY-ST-ZIP	MIAMI FL 33155		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2000 305 266 4482

CR2E034 (9/99)