

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90878 025 ***163.75

DOCUMENT # P94000049806

1. Entity Name

ENERGY COST SAVERS II, INC.

Principal Place of Business

Mailing Address

5169 NW 15 STREET
 MARGATE FL 33063

5189 NW 15 STREET
 MARGATE FL 33012-2945

2. Principal Place of Business

3. Mailing Address

8274 N.W. 70 ST
 Suite, Apt. #, etc.

8274 N.W. 70 ST
 Suite, Apt. #, etc.

City & State
 Miami Florida

City & State
 Miami Florida

Zip
 33166

Country

Zip
 33166

Country

4. FEI Number

65-0511528

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICES OF CHARLES RESTREPO PA
 100 SE 12 STREET
 FT LAUDERDALE FL 33316

Name

DIEGO AMADOR

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

City

11960 N.W. 27 ST
 PLANTATION

FL

Zip Code

33323

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, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CALAMBICHIS, EMMANUEL	
STREET ADDRESS	883 NW 107 LN	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	AMADOR, DIEGO	
STREET ADDRESS	11960 NW 27 ST	
CITY-ST-ZIP	PLANATION FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 #

4/27/00 305-718-9401