

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 27 AM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052980 (7)

1. Corporation Name
ECOLUB INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report
4. FEI Number	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
% 999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134		% 999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title of application

(NOTE: Registered Agent signature required when reappointing)

(ATTN)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	DPS
NAME	FILGUEIRA, CARLOS J	1.2 NAME	FILGUEIRA, CARLOS J.
STREET ADDRESS	% 999 PONCE DE LEON BLVD., STE. 1015	1.3 STREET ADDRESS	40999 PONCE
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	
NAME	DE MONTENEGRO, AMANDA V. A	2.2 NAME	
STREET ADDRESS	% 999 PONCE DE LEON BLVD., STE. 1015	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	
NAME	DE LOUIT, NELIA A	3.2 NAME	DE LOUIT, NELIDA A.
STREET ADDRESS	% 999 PONCE DE LEON BLVD., STE. 1015	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report or on an attachment hereto.

SIGNATURE:

Carlos J. Filgueira
CARLOS J. FILGUEIRA, Pres.

2/21/95

(305) 444-6669