2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P96000028257 1. Entity Name E.C.F., INC. 05-02-2000 90068 050 ***150.00 Principal Place of Business Mailing Address 350 W. FLAGLER ST. 350 W. FLAGLER ST. MIAMI FL 33130-1513 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0659694 Not Applicable \$8.75 Additional Zin Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWARTZ, PETER A Street Address (P.O. Box Number is Not Acceptable) 350 WEST FLAGLER STREET **MIAMI FL 33130** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSD Change ☐ Addition Delete TITLE TITLE Swartz, Peter A NAME NAME STREET ADDRESS STREET ADDRESS 350 WEST FLAGLER ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ion 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 femerical 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 or I hereby certify that the informa indicated on this report or supp of the corporation or the relieiv