

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

05-05-2003 91777 017 ***150.00

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DOCUMENT # P96000056675

1. Entity Name
ECAPITAL INC



Principal Place of Business
PO BOX 39274
FORT LAUDERDALE FL 33339
US

Mailing Address
PO BOX 39274
FORT LAUDERDALE FL 33339
US



2. Principal Place of Business

31 SW 16 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pompano Beach FL

City & State

4. FEI Number **65-0806471**

Applied For
Not Applicable

Zip **33060** **Country** **USA**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POLLARI, RICHARD
4450 NE 13TH AVE
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name **RICHARD POLLARI**

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

31 SW 16th ST

City **Pompano Beach** **FL** **Zip Code** **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Pollari*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JULY 4 2003

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **POLLARI, RICHARD**
STREET ADDRESS **C/O P.O. BOX 39274**
CITY-ST-ZIP **FORT LAUDERDALE FL 33339**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Pollari*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 4 2003 954 3261249

Date

Daytime Phone #

CR2E034 (4/03)