

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037535

1. Entity Name

ECO-TRANSIT TECHNOLOGIES, INC.

Principal Place of Business

2601 S BAYSHORE DR #1600
MIAMI FL 33133
US

Mailing Address

2601 S BAYSHORE DR #1600
MIAMI FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0763277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLLE, DENNIS J
ADORNO & ZEDER P.A.
2601 S BAYSHORE DR #1600
MIAMI FL 33133

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, 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DPS HARPER, ALLEN C
STREET ADDRESS 1390 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☒ Change ☐ Addition
COB, CEO
STREET ADDRESS
CITY-ST-ZIP 000005021890--8
-02/26/02--01074--018
****150.00 ****150.00

TITLE NAME ☐ Delete
D OLLE, DENNIS J
STREET ADDRESS 2601 S BAYSHORE DR #1600
CITY-ST-ZIP MIAMI FL 33133

TITLE NAME ☐ Change ☒ Addition
P Spillman, John T.
STREET ADDRESS 3725 Alcantara Avenue
CITY-ST-ZIP Miami, Florida 33178

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
S,T Murphy, Loretta A.
STREET ADDRESS 1390 South Dixie Highway
CITY-ST-ZIP Coral Gables, Florida 33146

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Loretta A. Murphy* Loretta A. Murphy, Secretary 2/14/02 305-667-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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FILED

02 FEB 18 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE