

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054507

1. Entity Name
ECOPLAN INTERNATIONAL, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90187 031 ***150.00

Principal Place of Business Mailing Address
~~644 SE 5TH AVENUE~~ ~~644 SE 5TH AVENUE~~
FT. LAUDERDALE FL ~~33304~~ FT. LAUDERDALE FL ~~33316-2541~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1515 S.E. 4 AV. **1515 S.E. 4 AV.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. LAUD., FL **FT. LAUD., FL.**
Zip Country Zip Country
33316 **USA** **33316** **USA**

4. FEI Number Applied For
65-0771474 Not Applicable

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

6. Name and Address of Current Registered Agent
SANTANGELO, CARL G ESQ.
3000 N. FEDERAL HIGHWAY, SUITE 200
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
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 *Phillip Bogdal* **PHILLIP BOGDAL** **2-18-00**
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.

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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SANTANGELO, CARL G
STREET ADDRESS	3000 N. FEDERAL HIGHWAY, SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	PD <input type="checkbox"/> Delete
NAME	BOGDAL, PHILLIP
STREET ADDRESS	644 SE 5TH AVE 1515 S.E. 4 AV.
CITY-ST-ZIP	FT LAUDERDALE FL 33304 33316
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 *Phillip Bogdal* **PHILLIP BOGDAL** **2-18-00** **(954) 524-3722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)