2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000072960**

1. Entity Name
ECHODRIVE INTERNET CORP.

Principal Place of Business	Mailing Address
7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156	7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
20189 56 AVENUE	20189 56 AVENUE
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: LANGLEY BC	City & State: LANGLEY BC
Zip: V3A3Y6 / Country: CA	Zip: V3A3Y6 / Country: CA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1001685** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LITTMAN ERIC P
7695 S.W. 104TH STREET
SUITE 210
MIAMI FL
33156 US

7. Name and Address of New Registered Agent

Name: LITTMAN ERIC P
Street Address (P.O. Box Number is Not Acceptable): 7695 S.W. 104TH STREET
SUITE 210
City: MIAMI FL Zip Code: 331556

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 ____________ 08/08/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE	DPS	☐ Delete
NAME	LITTMAN ERIC P	
STREET ADDRESS	7695 S.W. 104TH STREET STE. 210	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	☐ Change ☒ Addition
NAME	MORRISON GRANT	
STREET ADDRESS	20189 56 AVENUE	
CITY-ST-ZIP	LANGLEY BC V3A3Y6	
TITLE	DP	☒ Change ☐ Addition
NAME	MOLLICA GINO	
STREET ADDRESS	20189 56 AVENUE	
CITY-ST-ZIP	LANGLEY BC V3A3Y6	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Gino Mollica DP 08/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #