

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093680

1. Entity Name

ECJ CORP.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90066 035 \*\*\*150.00

Principal Place of Business

Mailing Address

323 WORTH AVENUE  
BEACH FL 33480

3379 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33442-9425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0791411**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DOSIK, PETER~~  
~~4018 NW 1 & AVE~~  
~~CORN SPRINGS FL 33076~~

**MICHAEL YAMPOLSKY**  
**323 WORTH AVE.**  
**PALM BEACH, FL 33480**

Name **MICHAEL YAMPOLSKY**  
Street Address (P.O. Box Number is Not Acceptable)  
**323 WORTH AVE.**

City **PALM BEACH** **FL** Zip Code **33480**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>YAMPOLSKY, MICHAEL</b>	
STREET ADDRESS	<b>323 WORTH AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>YAMPOLSKY, VLADISLAV</b>	
STREET ADDRESS	<b>323 WORTH AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOSIK, PETER</b>	
STREET ADDRESS	<b>323 WORTH AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/2000 561 820-8822**

CR2E034 (9/99)