

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093680

1. Entity Name
ECJ CORP.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90007 046 ***150.00

Principal Place of Business
323 WORTH AVENUE
PALM BEACH FL 33480

Mailing Address
3379 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

2. Principal Place of Business
323 WORTH AVE

3. Mailing Address
323 WORTH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BEACH, FL.

City & State

4. FEI Number 65-0791411
Applied For
Not Applicable

Zip 33480 Country PALM BEACH

Zip Country

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

YAMPOLSKY, MICHAEL
323 WORTH AVE
PALM BEACH FL 33480

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

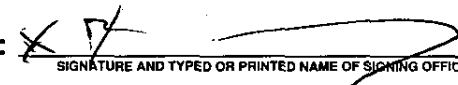
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P YAMPOLSKY, MICHAEL 323 WORTH AVENUE PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VS YAMPOLSKY, VLADISLAV 323 WORTH AVENUE PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

3/1/2001 561 820-8822
Date Daytime Phone #

CR2E034 (10/00)

0311925