

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026535

1. Entity Name

EEC AMERICA-CORP.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90057 037 \*\*\*550.00

Principal Place of Business

1047 NW 133 AVE  
 MIAMI FL 33182  
 US

Mailing Address

1047 NW 133 AVE  
 MIAMI FL 33182  
 US

2. Principal Place of Business

169 EAST FLAGLER ST.

Suite, Apt. #, etc.

SUITE 1534

City & State

MIAMI, FL.

Zip

33131

Country

USA

3. Mailing Address

169 EAST FLAGLER ST.

Suite, Apt. #, etc.

SUITE 1534

City & State

MIAMI, FL.

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0822248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☐ Delete  
 NAME GUTIERREZ, FRANCISCO J  
 STREET ADDRESS 1047 NW 133 AVE  
 CITY-ST-ZIP MIAMI FL 33182

TITLE CEO ☐ Delete  
 NAME GUTIERREZ, JORGE L  
 STREET ADDRESS 1047 NW 133 AVE  
 CITY-ST-ZIP MIAMI FL 33182

TITLE ST ☐ Delete  
 NAME GUTIERREZ, JORGE L  
 STREET ADDRESS 1047 NW 133 AVE  
 CITY-ST-ZIP MIAMI FL 33182

TITLE D ☒ Delete  
 NAME TORRES, COSME E  
 STREET ADDRESS 1047 NW 133 AVE  
 CITY-ST-ZIP MIAMI FL 33182

TITLE D ☒ Delete  
 NAME GUTIERREZ, AMABLE  
 STREET ADDRESS 1047 NW 133 AVE  
 CITY-ST-ZIP MIAMI FL 33182

TITLE D ☐ Delete  
 NAME IZARRA, RICHARD  
 STREET ADDRESS 1047 NW 133 AVE  
 CITY-ST-ZIP MIAMI FL 33182

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE D ☒ Change ☐ Addition  
 NAME HECTOR MARTINEZ  
 STREET ADDRESS 169 EAST FLAGLER ST. SUITE 1534  
 CITY-ST-ZIP MIAMI, FL., USA - 33131

TITLE D ☒ Change ☐ Addition  
 NAME LEOPOLDO VILLASHIL  
 STREET ADDRESS 169 EAST FLAGLER ST. SUITE 1534  
 CITY-ST-ZIP MIAMI, FL. - USA - 33131

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPTEMBER 1<sup>ST</sup>, 2000 305-960.1156

Date

Daytime Phone #

CR2E034 (5/00)