

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90458 021 \*\*\*150.00

**DOCUMENT # P98000026535**

1. Entity Name  
**EEC AMERICA CORP.**

Principal Place of Business <b>169 EAST FLAGLER STREET          STE 1534          MIAMI FL 33131          US</b>	Mailing Address <b>169 EAST FLAGLER STREET          STE 1534          MIAMI FL 33131          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>169 EAST FLAGLER STREET</b>	3. Mailing Address
Suite, Apt. #, etc. <b>STE # 1534</b>	Suite, Apt. #, etc.

City & State <b>MIAMI, FL.</b>	City & State	4. FEI Number <b>65-0822248</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33131</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> \$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
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUTIERREZ, FRANCISCO J 1047 NW 133 AVE MIAMI FL 33182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HECTOR MARTINEZ 169 EAST FLAGLER STREET STE 1534 MIAMI, FL. 33131 US</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD GUTIERREZ, JORGE L 1047 NW 133 AVE MIAMI FL 33182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEOPOLDO VILLASMI 169 EAST FLAGLER STREET STE 1534 MIAMI, FL. 33131 - US</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GUTIERREZ, JORGE L 1047 NW 133 AVE MIAMI FL 33182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TORRES, COSME E 1047 NW 133 AVE MIAMI FL 33182</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTIERREZ, AMABLE 1047 NW 133 AVE MIAMI FL 33182</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IZARRA, RICHARD 1047 NW 133 AVE MIAMI FL 33182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: Francisco J. Gutierrez **FRANCISCO J. GUTIERREZ** APRIL 25, 2001 305-960-1156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT**

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CR2E034 (10/00)