

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90099 028 ***150.00

DOCUMENT # P99000005360

1. Entity Name
ECCOUNTING, INC.



Principal Place of Business
**333 GOLDEN BEACH DRIVE
MIAMI FL 33160**

Mailing Address
**333 GOLDEN BEACH DRIVE
MIAMI FL 33160**

2. Principal Place of Business
9835 NW 14 Street
Suite, Apt. #, etc.

3. Mailing Address
9835 NW 14 Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0893400

Applied For
☐ Not Applicable

Zip
33172 Country
USA

Zip
33172 Country
USA

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

6. Name and Address of Current Registered Agent

**SHALOM, ISSAC
333 GOLDEN BEACH DRIVE
MIAMI FL 33160**

7. Name and Address of New Registered Agent

Name
ANTHONY SHALOM
Street Address (P.O. Box Number is Not Acceptable)
333 GOLDEN BEACH DRIVE
City
GOLDEN BEACH, FL Zip Code
33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SHALOM, ISAAC
333 GOLDEN BEACH DRIVE
MIAMI FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D ANTHONY SHALOM
333 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

12. 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 of 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 10 or Block 11 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

2/3/2003

Date

305-4776230

Daytime Phone #

CR2E034 (10/02)