

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029728

1. Entity Name
ECL, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90312 040 ***150.00

Principal Place of Business Mailing Address
THERREL BAISDEN, P.A. THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400 ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0925879 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M ESQ.
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

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 _____ (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. ☐ **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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, CHARLOTTE		NAME		
STREET ADDRESS	16 ISLAND AVENUE #4D		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ELLEN		NAME		
STREET ADDRESS	4000 TOWER SIDE TERRACE #1205		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZARSKY, CAROL		NAME		
STREET ADDRESS	59 KAY BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT RI 02840		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, LEO III		NAME		
STREET ADDRESS	4845 WOODVALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327		CITY-ST-ZIP		
TITLE		<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		
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: Charlotte Rose 1/23/01 305-5380361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #
Charlotte Rose

CR2E034 (10/00)