

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097011

1. Entity Name

ECO RESPONSE INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90108 010 ***150.00

Principal Place of Business

Mailing Address

20800 N.E. 37TH AVE.
AVENTURA FL 33180

20800 N.E. 37TH AVE.
AVENTURA FL 33180-3844

2. Principal Place of Business

20800 NE 37th Ave.

3. Mailing Address

20800 NE 37th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Aventura, Florida

4. FEI Number

EIN #
65-0967612

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

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

MEDINA, BARBARA ANN
20800 N.E. 37TH AVE.
AVENTURA FL 33180

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

Barbara Ann Medina

1/17/00

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara Medina
20800 NE 37th Ave
Aventura, FL 33180

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIG Barbara Ann Medina

1/17/00

(305) 466-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)