

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90390 046 \*\*\*150.00

DOCUMENT # P99000109552

1. Entity Name

ECHO BRIDGE, INC.

Principal Place of Business

Mailing Address

108 S.E. 1st Street

(same)

10th Floor

Miami, FL 33131

2. Principal Place of Business

(same)

3. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650976628

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0068255

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Donald Pierce Moore

Street Address (P.O. Box Number is Not Acceptable)

2901 S. Bayshore Dr., Ste. 17G

City Miami

FL

Zip Code 33133

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

Donald P. Moore

26 April 2001

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, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MOORE, DONALD, TVPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 S.E. 1st Street, 10th Floor
STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	
TITLE	DOE PEL, DAVID, PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 S.E. 1st Street, 10th Floor
STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	
TITLE	CONNELL, BARBARA, VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 SE 1st Street, 10th Floor
STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	
TITLE	SNYDER, Douglas, VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 SE 1st Street, 10th Floor
STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	
TITLE	SCHENKER, HAROLD D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 SE 1st Street, 10th Floor
STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald P. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 2001 305 604 9200

Date

Daytime Phone

CR2E034 (11/00)