

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000060605

1. Entity Name

ESPERANCE COUNSELING SERVICES, INC.

Principal Place of Business

4950 SW 75TH LN  
MIAMI FL 33143

Mailing Address

4950 SW 75TH LN  
MIAMI FL 33143**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90404 010 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 South Dixie Highway		3. Mailing Address	
Suite, Apt. #, etc. suite 104		Suite, Apt. #, etc.	
City & State Cocoanut Grove, Florida		City & State	
Zip 33133	Country USA	Zip	Country
6. Name and Address of Current Registered Agent  SHAPIRO, JEFFREY B ESQ 801 BRICKELL AVE, STE 1501 MIAMI FL 33131		4. FEI Number 65-1019353	
		Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Shapiro, Jeffrey B ESQ Street Address (P.O. Box Number is Not Acceptable) 201 south Biscayne Boulevard suite 400 City Miami FL Zip Code 33131		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: <u>Jeffrey B Shapiro</u> DATE: <u>3/19/01</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HELENANN 801 BRICKELL AVE, STE 1501 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shapiro, Helenann 4950 SW 75th Lane Miami FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 like empowered.			
SIGNATURE: <u>Helenann Shapiro</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/19/01</u> Daytime Phone #: <u>305-662-9963</u>	

CR2E034 (10/00)

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