

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260051

1. Entity Name
ESQUIRE APARTMENTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90193 032 ***150.00

Principal Place of Business 3525 POLK ST APT 4 HOLLYWOOD FL 33021 US	Mailing Address 3525 POLK ST APT 4 HOLLYWOOD FL 33021-6838 US
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DO NOT WRITE IN THIS SPACE

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 59-1087994	NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EAGLE, BERNICE
3525 POLK ST
APT #4
HOLLYWOOD FL 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE P	<input type="checkbox"/> Delete
NAME PAYNE, JEAN	
STREET ADDRESS 3525 POLK ST APT 1	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE S	<input type="checkbox"/> Delete
NAME EAGLE, BERNICE	
STREET ADDRESS 3525 POLK ST APT 4	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE D	<input type="checkbox"/> Delete
NAME REGER, ROBERT	
STREET ADDRESS 3525 POLK ST. APT. 8	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE D	<input type="checkbox"/> Delete
NAME MURPHY, JOHN	
STREET ADDRESS 3525 POLK ST APT 16	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME RESTREPO, JOSE H	
STREET ADDRESS 3525 POLK ST APT 6	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *BERNICE EAGLE Bernice Eagle Secy Treas* 1/27/2000 954-893-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)