

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90046 013 ***150.00

DOCUMENT # 260051

1. Entity Name
ESQUIRE APARTMENTS, INC.

Principal Place of Business 3525 POLK ST APT 4 HOLLYWOOD FL 33021 US	Mailing Address 3525 POLK ST APT 4 HOLLYWOOD FL 33021 US
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip	Country Broward	Zip	Country
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4. FEI Number **59-1087994** Applied For
 Not Applicable

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

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

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. (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	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	VP	<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	D	<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		

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	Treasurer	
STREET ADDRESS	Bernice Eagle	
CITY-ST-ZIP	3525 Polk St. Apt. 4 . Hollywood, FL 33021	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Robert Reger	
CITY-ST-ZIP	3525 Polk St. Apt. 8	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	Restrepo, Jose	
CITY-ST-ZIP	3525 Polk St. Apt. 6	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Perez, Josephine	
CITY-ST-ZIP	3525 Polk St. Apt. 12	
	Hollywood, FL 33021	

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 Date: 2-1-2001 Daytime Phone #: 954-893-7304

CR2E034 (10/00)