

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000522

1. Entity Name

ESOR ENTERPRISES, LTD.

FILED

00 FEB 15 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16 ISLAND AVENUE. #4D MIAMI BEACH FL 33139	Mailing Address 16 ISLAND AVENUE. #4D MIAMI BEACH FL 33139-1330
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0918352	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. Capital Contributions as Shown on record.	\$2,843,433.00
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10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P99000029728
NAME	ECL, INC.
STREET ADDRESS	16 ISLAND AVENUE, #4D
CITY - ST - ZIP	MIAMI BEACH FL 33139

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CITY - ST - ZIP	

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CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *Charlotte Rose* **REQUIRED** *Pres.* **305-538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **2/10/2000** **0361**
Date Daytime Phone #

CR2E003 (9/99)