

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90004 011 ***150.00

030406 AV

DOCUMENT # F30070

1. Entity Name
ESSEX EXPORTS, INC.

Principal Place of Business

**550 SW 12 AVENUE
 DEERFIELD BCH FL 33442**

Mailing Address

**550 SW 12 AVENUE
 DEERFIELD BCH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2094760**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MAHFOOD, FERDINAND
 550 SW 12 AVENUE
 DEERFIELD BEACH FL 33442**

Name **KEVIN MAHFOOD**
 Street Address (P.O. Box Number is Not Acceptable)
550 SW 12 AVENUE
 City **DEERFIELD BEACH FL** Zip Code **33442**

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 **Ferdinand Mahfood**

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, 2002 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 **SD** ☐ Delete
 NAME **MAHFOOD, ROBIN**
 STREET ADDRESS **550 SW 12 AVE.**
 CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MAHFOOD, FERDINAND**
 STREET ADDRESS **550 SW 12 AVE**
 CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MAHFOOD, PATRICIA**
 STREET ADDRESS **550 SW 12 AVE**
 CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MAHFOOD, GAIL**
 STREET ADDRESS **550 SW 12 AVE**
 CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MAHFOOD, KEVIN**
 STREET ADDRESS **550 SW 12TH AVENUE**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **ARDOIS, MANUEL**
 STREET ADDRESS **550 SW 12TH AVE**
 CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☒ **FRANCIS MAHFOOD**
 NAME **550 SW 12 AVE**
 STREET ADDRESS **DEERFIELD BEACH FL**
 CITY-ST-ZIP ☒ 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: **Ferdinand Mahfood**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/21/02** Daytime Phone #

CR2E034 (9/01)