

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53085

1. Entity Name  
ESNI, INC.

Principal Place of Business

28945 S DIXIE HWY  
MIAMI FL 33033  
US

Mailing Address

28945 S DIXIE HWY  
MIAMI FL 33033  
US

2. Principal Place of Business

16090 SW 72nd Terr  
Suite, Apt. #, etc.

3. Mailing Address

16090 SW 72nd Terr  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33193

Country

Zip

33193

Country

FILED

00 SEP 27 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

4. FEI Number

65-0163642

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

ALFONSO, NELSON  
16090 SW 72ND TERR  
MIAMI FL 33193

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 Nelson L. ALFONSO Pres.

*Nelson L. Alfonso*

9/25/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 checked="" type="checkbox"/> Delete
NAME	ALFONSO, JUAN	
STREET ADDRESS	15800 SW 252ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALFONSO, NELSON	
STREET ADDRESS	16090 SW 72ND TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, JULIA E.	
STREET ADDRESS	15800 SW 252ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALFONSO, VILMA	
STREET ADDRESS	16090 SW 72ND TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO, NELSON	
STREET ADDRESS	16090 SW 72nd Terr.	
CITY-ST-ZIP	Miami, FL. 33193	
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: Nelson L. ALFONSO Pres.

9/25/00

305-385-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)