

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # L24607

1. Entity Name
ESI SEMASS CORP. LP, INC.

Principal Place of Business 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 US	Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408
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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 **65-0152025** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON J E
9250 WEST FLAGLER STREET
MIAMI FL 33174 US

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 **04/20/2001**
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, 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	
TITLE AS <input checked="" type="checkbox"/> Delete	NAME HATHAWAY SCOT C
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE V <input type="checkbox"/> Delete	NAME BONILLA LORI J
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DT <input type="checkbox"/> Delete	NAME SAMIL DILEK L
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE AS <input type="checkbox"/> Delete	NAME COSTANTINO, RITA W.
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DP <input type="checkbox"/> Delete	NAME YACKIRA MICHAEL W
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DV <input type="checkbox"/> Delete	NAME HOFFMAN KENNETH P
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME COSTANTINO RITA W
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TANCER EDWARD F
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MCGRATH ROBERT L
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LEIGHTON MICHAEL L
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HAY III LEWIS
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408

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: RITA W. COSTANTINO AS Date 04/20/2001 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)