## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 11, 2002 8:00 am Secretary of State

DOCUMENT # L24607  1. Entity Name				04-11-2002 90765 001 *4,050.00
1	EMASS CORP. LP, INC.			
a . 6				
	DO NOT WRITE	IN THIS SF	PACE	
2. Principat Place of Business 700 Universe Blvd.		3. Mailing Address 700 Universe Blvd.		
Suite. Apt.	#, etc.	Suite, Apt. #. etc. c/o Rita W.	Costantino	DO NOT WRITE IN THIS SPACE
City & Stat Juno	Bch, FL	City & State Juno Bch, FL		4. FEI Number Applied Fer   Applied Fer   Not Applicable
Zip 33408	Country USA	<sup>Zip</sup> 33408	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6		Name -	7. Name and Address of Current Registered Agent
DO NOT WRITE				E. Leon ss (P.O. Box Number is Not Acceptable) 50 West Flagler St.
	IN THIS SP	ACE	, 92	ou west Flagier St.
	9 0		City Mi	mi FL 753974
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	stered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered again as		Registered Agent signature re-	uired when renstating) DATE
<b>a</b> This corre	oration is eligible to satisfy its Intangible	January 1 - Má	y 1 Fee is \$150.00	
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution,  Added to Fees
11.	OFFICERS AND D	IRECTORS		
TITLE NAME			TITLE NAME	
STREET ADDRESS CITY: ST-ZIP	SEE ATTACHED LIST		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-7IP	
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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 on an attachment with an address, with all the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Costantino, Assistant Secretary

3/28/2002 561-691-7267

Dayline Prone \*

## ATTACHMENT TO FLORIDA UNIFORM BUSINESS REPORT (UBR)

## ESI SEMASS CORP. LP, INC.

**DOCUMENT #L24607** 

Title:

DP

Name: Address: Green, Ronald F. 700 Universe Blvd.

City, St., Zip

Juno Beach, FI 33469

Title:

DV

Name: Address: Leighton, Michael L. 700 Universe Blvd.

City, St., Zip

Juno Beach, FL 33408

Title:

DT

Name: Address: McGrath, Robert L. 700 Universe Blvd.

City, St., Zip

Juno Beach, FL 33408

Title:

V

Name: Address: O'Sullivan, Michael 700 Universe Blvd.

City, St., Zip

Juno Beach, FL 33408

Title:

S

Name:

Tancer, Edward

Address:

700 Universe Blvd. Juno Beach, FL 33408

City, St., Zip

AS

Title: Name:

Costantino, Rita W.

Address:

700 Universe Blvd.

City, St., Zip

Juno Beach, FL 33408