

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005612

1. Entity Name

ESSEN MARKETING, L.L.C.

FILED  
Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90236 032 \*\*\*\*50.00

Principal Place of Business

C/O THOMAS J. DAVIS, JR.  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134

Mailing Address

C/O THOMAS J. DAVIS, JR.  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134

2. Principal Place of Business

c/o Jennifer C. Finch

3. Mailing Address

c/o Jennifer C. Finch

Suite, Apt. #, etc.

526 Santander Ave, Suite 1

Suite, Apt. #, etc.

526 Santander Ave, Suite 1

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0947444

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, THOMAS J JR.  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Jennifer C. Finch

Street Address (P.O. Box Number is Not Acceptable)

526 Santander Ave.

Suite 1

City

Coral Gables

FL

Zip Code  
33134

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

Jennifer C. Finch

3/4/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAPENTER, NORMAN A  
12403 NACOGDOCHES, #110  
SAN ANTONIO TX 78217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Norman A Capenter*

3/11/02

210-599-7926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)