

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49869**

1. Entity Name

ESM ASSOCIATION, S. FLORIDA, INC.

Principal Place of Business

**1182 NW 159 DR
MIAMI FL 33169
US**

Mailing Address

**1182 NW 159 DR
MIAMI FL 33169
US**

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 **65-3044564**

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

**MURPHY, GLORIA
1182 NW 159 DRIVE
MIAMI FL 33169**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MURPHY, GLORIA | |
| STREET ADDRESS | 1182 NW 159 DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAT FINLEY | |
| STREET ADDRESS | 11800 S.W. 147 AVE. 31 B02 | |
| CITY-ST-ZIP | MIAMI FL 33196 | |

| | | |
|----------------|-----------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | GOLDMAN, JUDY | |
| STREET ADDRESS | 11000 SW 57 AVE | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PERRY, ALI | |
| STREET ADDRESS | 1150 LEE WAGENER BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33315 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloria Murphy

305-625-5388

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90004 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)