FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90062 033 ***150.00

DOCUMENT # P00000051704

1. Entity Name

ESEMDE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8000 N. Federal Highway	8000 N. Federal Highway
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487-1620 Country: USA	Zip: 33487-1620 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1016445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VALDES-FAULI CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2 SOUTH BISCAYNE BOULEVARD

ONE BISCAYNE TOWER, SUITE 3400

City: MIAMI FL Zip Code: 33131

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D,CEO,S,T
NAME	DYE, STEPHEN M.
STREET ADDRESS	8000 N. Federal Highway, #202
CITY-ST-ZIP	Boca Raton, FL 33487-1620
TITLE	D
NAME	ADAMS, SCOTT
STREET ADDRESS	8000 N. Federal Highway, #202
CITY-ST-ZIP	Boca Raton, FL 33487-1620
TITLE	D
NAME	SCHNABEL, BODO
STREET ADDRESS	8000 N. Federal Highway, #202
CITY-ST-ZIP	Boca Raton, FL 33487-1620
TITLE	
NAME	
STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ STEPHEN M. DYE, CEO 561-953-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #