

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90048 031 ***150.00

DOCUMENT # **000000065048**

1. Entity Name

E S Technology, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business

7158 SW 47 Street

Suite, Apt. #, etc.

3. Mailing Address

7158 SW 47 Street

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-1026870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

770220

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Michael Israel Benichay**

Street Address (P.O. Box Number is Not Acceptable) **7158 SW 47 Street**

City **Miami**

FL

Zip Code **33155**

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 **Michael Israel Benichay**

3/12/01

Signature, typed or printed name of registered agent and office 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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition **P/O Michael Israel Benichay 7158 SW 47 Street Miami FL 33155**

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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: **Michael Israel Benichay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

Signature (Printed Name)

CU2001011000