

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071551

1. Entity Name
ESU VI, INC.

Principal Place of Business
3750 PARK CENTRAL BLVD. NORTH
POMPANO BCH FL 33062

Mailing Address
~~3750 PARK CENTRAL BLVD. NORTH~~
~~POMPANO BCH FL 33062~~

2. Principal Place of Business

3. Mailing Address
c/o STEVEN S LINDENBAUM CPA PA
267 S STATE RD 7

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

#24

City & State

City & State
MARGATE FL

Zip

Country

Zip
33068

Country
USA
Broward

4. FEI Number

65-1050296

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

UDELL, JOSEPH
3750 PARK CENTRAL BLVD. NORTH
POMPANO BCH FL 33062

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	UDELL, JOSEPH	
STREET ADDRESS	3750 PARK CENTRAL BLVD. NORTH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	UDELL, ELAINE	
STREET ADDRESS	3750 PARK CENTRAL BLVD. NORTH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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 Block 12 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90102 041 ***150.00

C0041110



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)