

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90411 012 ***150.00

DOCUMENT # P00000071551

1. Entity Name
ESU VI, INC.

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

Mailing Address
C/O STEVEN LINDENBAUM CPA PA
767 S STATE RD 7 SUITE 24
MARGATE FL 33068

968189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9108 GLADES ROAD
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

4. FEI Number **65-1050296**

Applied For
 Not Applicable

Zip Country
33433 US

Zip Country

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
ELAINE UDELL
 Street Address (P.O. Box Number is Not Acceptable)
9108 GLADES RD
 City
BOCA RATON FL 33433

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 *Elaine Udell* DATE 04/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☒ Delete
 NAME ~~UDELL, JOSEPH~~
 STREET ADDRESS ~~3750 PARK CENTRAL BLVD. NORTH~~
 CITY-ST-ZIP ~~POMPANO BCH FL 33062~~

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

TITLE **D** ☐ Delete
 NAME **UDELL, ELAINE**
 STREET ADDRESS **3750 PARK CENTRAL BLVD. NORTH**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **D** ☒ Change ☐ Addition
 NAME **UDELL, ELAINE**
 STREET ADDRESS **9108 GLADES RD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 with an address, with all other like empowered.

SIGNATURE:

Elaine Udell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04/23/02

Daytime Phone #

CR2E034 (9/01)