

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90019 043 ***150.00

DOCUMENT # P00000085851

1. Entity Name

E. COMMUNICATIONS SALES GROUP INC.

Principal Place of Business

Mailing Address

**7653 NW 60TH LN.
PARKLAND FL 33067**

**7653 NW 60TH LN.
PARKLAND FL 33067**

2. Principal Place of Business

3. Mailing Address

1091 NW 111 Way
Suite, Apt. #, etc.

1091 NW 111 Way
Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

Country

33071

Zip

Country

33071

4. FEI Number

65-1042068

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

**EIDELBERG, MICHAEL
7653 NW 60TH LN.
PARKLAND FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)

1091 NW 111 Way

City

Coral Springs

FL

Zip Code

33071

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 ☐ Delete
NAME **President**
STREET ADDRESS **Michael Eidelberg**
CITY-ST-ZIP **1091 NW 111 Way**
Coral Springs FL 33071

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01
Date

954 340-6426
Daytime Phone #

CR2E034 (10/00)