

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106590

1. Entity Name
ESTERA CLOTHING INC.

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

03-22-2001 90052 006 ***150.00

Principal Place of Business
651 WEST TARPON BLVD
PORT CHARLOTTE FL 33952

Mailing Address
651 WEST TARPON BLVD
PORT CHARLOTTE FL 33952

2. Principal Place of Business
3749 NEEDLE TER

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH PORT FL

City & State

4. FEI Number
65-1056524

Applied For
Not Applicable

Zip
34287

Country
SARASOTA

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

AMSALEM, MORDEKHAY
651 WEST TARPON BLVD
PORT CHARLOTTE FL 33952

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

3749 NEEDLE TERRACE

City
NORTH PORT

FL

Zip Code
34287

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 *Mary Amisalem*
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
NAME
STREET ADDRESS
CITY-ST-ZIP
MARY AMSALEM
3749 NEEDLE TER
NORTH PORT, FL 34287

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MORDEKHAY AMSALEM
3749 NEEDLE TER
NORTH PORT FL 34287

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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 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: *Mary Amisalem*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01 941-423-6678
Date Daytime Phone #

CR2E034 (10/00)