

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-17-2002 90030 015 ***150.00

DOCUMENT # P01000024014

1. Entity Name
ESALP AMERICAS, INC.

Principal Place of Business
**3211 PONCE DE LEON BLVD.
SUITE M-2
CORAL GABLES FL 33134**

Mailing Address
**3211 PONCE DE LEON BLVD.
SUITE M-2
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1099537

Applied For

Not Applicable

Zip

Country

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

**WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3950
MIAMI FL 33131**

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, 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

TITLE **PRESIDENT** ☐ Delete
NAME **CHARLOTTE A. HUTCHIN HICKS**
STREET ADDRESS **2645 S. BAYSHORE DR. #1404**
CITY-STATE-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Charlotte A. Hutchin Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE A. HUTCHIN HICKS

Date

1/30/02

Daytime Phone #

305.461.6030

CR2E034 (9/01)



Attachment
19317

#PD1000624014

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

March 11, 2002

Dear Sir or Madam:

Attached please find the information that was missing from our annual report/uniform business report.

Charlotte Althin Hicks
President
esalp americas inc.

Home address:
2645 South Bayshore Drive, Apt. 1404
Miami, FL 33133

Office address:
3211 Ponce de Leon Blvd.
Suite M-2
Coral Gables, FL 33134

Please do not hesitate to contact me with any further questions or comments. My phone number is 305.461.6030 and fax number is 305.461.0508.

Sincerely,

Charlotte Althin Hicks
President

esalp americas inc.
3211 Ponce de Leon Blvd, Suite M-2
Coral Gables, FL 33134
PHONE 305.461.6030
FAX 305.461.0508

esalp invest ab
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