2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000025288

1. Entity Name



FILED Apr 14, 2003 8:00 am { Secretary of State

EPROCE	ESSLINK, C	ORP.				04-	14-2003 90	1219 027 ***	150.00
	ce of Business FLAGLER STREET 3130	-	Mailing Address 172 WEST FLAGLER STI SUITE 320 MIAMI FL 33130	REET		1 1 48 11 8 0 111 6 0 11			
2. Principal F	Place of Busines	s	3. Mailing Address			- 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			1 114613977		Applied For	
Zip		Country	Zip	Country	/	5. Certificate of Status	Desired	□ \$8.75	Additional
	6. Name an	nd Address of Current	Registered Agent	`	-	7. Name and Address	of New Regis	stered Agent	
					Name		·		
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET			Street Addr		Street Address (I	P.O. Box Number is Not A	Acceptable)		
SUITE 40	00								
TST PA	ALM BEACH F	L 33401			City .		, ,	FL Zip	Code
8. The above the obligat	e named entity su tions of registere	ubmits this statement fo ed agent."	r the purpose of changing its	registered	office or register	ed agent, or both, in the	State of Florida	. I am familiar v	vith, and accept
SIGNATURE .	Signature, typed or p	rinted name of registered agent a	and title if applicable. (NOTE	E: Registered A	gent signature required	when reinstating)		DATE	
	46 E MANAGE								
		FEE IS \$150.00	:	 -		9. Election Car	npaign Financ	ing \$	5.00 May Re
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of	State			9. Election Car Trust Fund C		· •	5.00 May Be dded to Fees
After	r May 1, 2003	Fee will be \$550.00		11.			Contribution.	Ā	dded to Fees
After Make Check	r May 1, 2003 k Payable to Fi	Fee will be \$550.00 lorida Department of		11.		Trust Fund (Contribution.	Ā	ORS IN 11
After Make Check 10.	r May 1, 2003 k Payable to Fl	Fee will be \$550.00 lorida Department of OFFICERS AND	DIRECTORS	_		Trust Fund (Contribution.	RS AND DIRECT	ORS IN 11
After Make Check	r May 1, 2003 k Payable to Fl PD ROSENTHAI	Fee will be \$550.00 lorida Department of OFFICERS AND	DIRECTORS	TITLE NAME	ADDRESS	Trust Fund (Contribution.	RS AND DIRECT	ORS IN 11
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305 374 7466

Daytime Phone #