

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 035 ***150.00

DOCUMENT # P01000078448

1. Entity Name

ERNESTINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8420 S W 12th CT

State, Apt. #, etc.

3. Mailing Address

8420 S W 12th CT

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

65-1144689

Applied For

Not Applicable

Zip

333025

Country

Zip

33025

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES-MAX-ERNESTINE II

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

8420 S W 12th CT.

City

PEMBROKE PINES

FL

Zip Code

33025

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 date if applicable)

(NOTE: Registered Agent Signature Required When Retesting)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

January 1 - May 1. Fee is \$150.00

After May 1. Fee is \$550.00

Amended UBR is \$61.25

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 P, D, RA
NAME JAMES MAX ERNESTINE II
STREET ADDRESS 8420 S W 12th CT
CITY-ST-ZIP PEMBROKE PINES, FLORIDA 33025

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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 907, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ *James Ernestine II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Device Photo #