

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90723 022 ***150.00

DOCUMENT # P02000097883

1. Entity Name
ESE CAR CORPORATION



Principal Place of Business
900 INGRAHAM BLDG
25 SE 2 AVE
MIAMI FL 33131

Mailing Address
900 INGRAHAM BLDG
25 SE 2 AVE
MIAMI FL 33131

2. Principal Place of Business
417 E. Sheridan St
Suite, Apt. #, etc.
#129

3. Mailing Address
417 E. Sheridan St
Suite, Apt. #, etc.
#129

City & State
Dania Beach FL

City & State
Dania Beach FL

Zip
33004

Country
USA

Zip
33004

Country
USA

4. FFI Number
05-0543310

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BLDG
25 SE 2 AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **MILLY DEL VALLE**
90 SAGE SOLUTIONS INC
Street Address (P.O. Box Number is Not Acceptable)
417 E. SHERIDAN STREET
#129
City **DANIA BEACH** **FL** **Zip Code** **33004**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Milly Del Valle* **MILLY DEL VALLE**

3/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Jaime Pelaez D/P
STREET ADDRESS	417 E. Sheridan St #129
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milly Del Valle D/vp/s/t
STREET ADDRESS	417 E. Sheridan St #129
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Milly Del Valle* **MILLY DEL VALLE**

3/10/03 **9509277188**
DATE **Daytime Phone #**

CR2E034 (10/02)