

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

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

03-03-2003 90853 046 \*\*\*150.00

DOCUMENT # P02000115526

1. Entity Name

ESMAIL FOOD AND FUEL CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9595 W. ATLANTIC AVE

3. Mailing Address

9595 W. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DELRAY BEACH FLA.

City & State  
DELRAY BEACH, FLA

4. FEI Number

52-2385451

Applied For

Not Applicable

Zip  
33446

Country  
U.S.

Zip  
33446

Country  
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
ALLY ESMAIL

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

9595 W. ATLANTIC AVE

City  
DELRAY BEACH

FL

Zip Code  
33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ALLY ESMAIL Pres. 3/12/59

January 1<sup>st</sup> May 1<sup>st</sup> Fee is \$150.00

After May 1<sup>st</sup> Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ALLY ESMAIL  
9595 W. ATLANTIC AVE  
DELRAY BEACH, FLA 33446

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLY ESMAIL

Date

2/25/03

Daytime Phone #

561 498-5743

CR2E034B (12/02)