FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08043 1. Entity Name ESS-FOOD USA, INC.					Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90028 014 ***150.00		
Principal Place of Business 4601 SHERIDAN ST \$420 HOLLYWOOD FL 33021 US		Mailing Address 4601 SHERIDAN ST S420 HOLLYWOOD FL 33021 US				1764	183 4 (4 11 J 41 1
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 52-137044	r∪ -	pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Add	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New	<u></u>	
		-	Name	Name			
	TENSEN, PALLE HELDT SHERIDAN ST		Street Address (P.O. Box Number is Not Acceptable)				
	LYWOOD FL 33021		City			FL Zip Cod	le
Tax filing	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will be \$5	00 550.00	einstating) 10. Election Campaign F Trust Fund Contributi)0 May Be d to Fees
11.	OFFICERS AND I		12.	AC	DDITIONS/CHANGES TO OF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOELLER, NIELS I AXELBORG AXELTORV 1609 COPENHAGEN DE	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGE, FRAAS AXELBORG, AXELTORV 1609 COPENHAGEN DE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		POSTED JAN 16 2001	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KJAEROE, STIG 4601 SHERIDAN ST STE 420 HOLLYWOOD FL 33021	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4601 SHI	ELDT KRISTENSEN ERIDAN ST, STE. 4 COD, FL 33021		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AXELTOI	JG BAUNCE RV 3 COPENHAGEN V	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSTE MARSVE	N JAKOBSEN	☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that my s wered to execute this report as i	e exemption stat signature shall h required by Cha	ted in Section	119.07(3)(i), Florida Statutes	. I further certify that the i	nformation r or director r Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #