

2001 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P93000020988**

1. Entity Name

ESQUIRE FARMS 1993, Inc.



03 DEC -8 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3691 NW 15th STREET

3. Mailing Address

3691 NW 15th STREET

REINSTATEMENT

07-03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

4. FEI Number

65-0604391

Applied For

Not Applicable

Zip

33311

Country

Zip

33311

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES SCHER

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

1900 CORPORATE BLVD., # 400 EAST

City

BOLTON

FL

Zip Code

33431

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]

CHARLES SCHER

12/3/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, 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 / Officer
JAMES BERNARD M.
3691 NW 15th STREET
LAUDERHILL, FL 33311**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**000025329270
12/03/03--01076--010 **450.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 fee empowered.

SIGNATURE:

[Signature]

PRESIDENT

12/3/03

754-234-3631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

ESQUIRE FARMS 1993, INC.

3691 NW 15th Street
Lauderhill, FL 33311

December 3, 2003

The Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

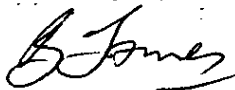
Dear Sir:

Re: Esquire Farms 1993, Inc. P 93000020988

The registered agent for the above corporation changed his address in January 2001. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$450.00 for the 2001, 2002 and 2003 years and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



Bernard M. James
President