

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90017 041 ***150.00

DOCUMENT # P93000082363

1. Entity Name
ESM, INC.

Principal Place of Business
**235 LINCOLN RD.
STE. 320
MIAMI BEACH FL 33139-3157**

Mailing Address
**235 LINCOLN RD.
STE. 320
MIAMI BEACH FL 33139-3157**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4014 Chase Ave

4014 Chase Ave

Suite, Apt. #, etc.
Suite 212

Suite, Apt. #, etc.
Suite 212

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33140

Country
USA

Zip
33140

Country
USA

4. FEI Number **65-0453999**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORES, ERIC S
235 LINCOLN RD.
STE. 320
MIAMI BEACH FL 33139-3157**

Name **Eric S. FLORES**

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

**4014 Chase Ave
Suite 212**

City **Miami Beach** **FL** Zip Code **33140**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **FLORES, ERIC S**
STREET ADDRESS **1200 W AVE APT 1004**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **FAGERSTRON, MARINA**
STREET ADDRESS **1100 W AVE APT 808**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

1 301 604 8686

Daytime Phone #

CR2E034 (10/00)