## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

## P93000082363 DOCUMENT #

1. Entity Name ESM, INC.



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90048 046 \*\*\*150.00

FILED

Principal Place of Business 4014 CHASE AVE

STE. 212

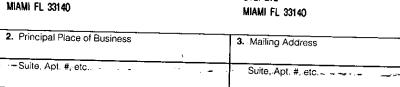
City & State

Zip

Mailing Address 4014 CHASE AVE

STE. 212

City & State





CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0453999 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

Name

FLORES, ERIC S **4014 CHASE AVE** STE. 212

**MIAMI FL 33140** 

7. Name and Address of New Registered Agent

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

City

Zip Code

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE NAME FLORES, ERIC S ☐ Change ☐ Addition 4014 CHASE AVE. #212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 eport 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 of 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

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR P NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #