

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90121 017 \*\*\*150.00

DOCUMENT # P94000039610

1. Entity Name  
ESSKAY, INC.

Principal Place of Business

10457 NW 8TH STREET  
SUITE 105  
PEMBROKE PINES FL 33026  
US

Mailing Address

10457 NW 8TH ST  
STE 105  
PEMBROKE PINES FL 33026

2. Principal Place of Business

11391 SW 3rd St  
Suite, Apt. #, etc.

3. Mailing Address

11391 SW 3rd St  
Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

Country

33025

US

Zip

Country

33025

US

4. FEI Number

65-0491129

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

KAPLAN, SANDRA  
10457 NW 8TH STREET  
SUITE 105  
PEMBROKE PINES FL 33026

Name  
KAPLAN, SANDRA

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

11391 SW 3rd St

City  
PEMBROKE PINES

FL

Zip Code  
33025

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: ~~Sandra Kaplan~~ SANDRA KAPLAN

1/9/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP ☐ Delete  
NAME KAPLAN, SANDRA  
STREET ADDRESS 10457 NW 8TH ST STE 105  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE DP ☒ Change ☐ Addition  
NAME KAPLAN, SANDRA  
STREET ADDRESS 11391 SW 3rd St  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Sandra Kaplan SANDRA KAPLAN

1/9/01

954-431-5067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)