FILED Jan 11, 2002 8:00 am Secretary of State 01-11-2002 90020 050 ***150.00

THE ESTHER & DAVID COMPANY							01-11-2002 90020 050 ***150.00				
			र क्षेत्र								
Principal Plac			Mailing Address								
TERRAMAR CONCESSION 65-75 76 DR			149 NW 70TH STREET SUITE 302				300034				
PARKLAND FL 33067			BOCA RATON FL 33487				A ARBEISTRA KAN KRISH BRATA DOLEH NOMEN	18 13)	1 4616 (21 3 1	11161 9111 1 116 1	
2. Principal Place of Business			3. Mailing Address					EBIII 66161 1811			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	4. FEI Number 65-0541397 Applied Fo Not Applied			plied For t Applicable	
. Zip	Zip Country		Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Re	gistered Age	ent		
					Name						
CARMAN, DEBORAH A ESO					Street Address (P.O. Box Number is Not Acceptable)						
	TON FL 33										
					City			FL	Zip Code	,	
8. The above	named entit	y submits this statement for t	he purpose of changing its r	egister	ed office or regis	tered ag	ent, or both, in the State of Flori	da.			
SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE:	Registere	d Agent signature requi	red when re	einstating)	DATE			
Tax filing i		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fina Trust Fund Contribution.			May Be to Fees	
11.	•	OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC				
TITLE	P	IIIDITLI	☐ Delete	TITL				[_	Change	☐ Addition	
NAME STREET ADDRESS	TAUSZIK, 149 N.W.	70 STREET, #302			EET ADDRESS						
CITY-ST-ZiP		TON FL 33487		CITY	'-ST-ZIP						
TITLE			☐ Delete	TITL NAM	1			Ĺ] Change	☐ Addition	
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13. 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 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 prior like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P94000087315