2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035691

1. Entity Name

WILLIAM ESCOBAR, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90143 038 ***150.00

Principal Place of Business Mailing Address 15600 S.W. 157TH STREET 15600 S.W. 157TH ST MIAMI FL 33187 MIAMI FL 33187										
e of Business	3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
	City &	City & State				FEI Number 65-0665526	Mber 65-0665526 Applied For Not Applicable			
Country	Zip	Zip Cour			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. N	Name and Address of New Re	gistered Ag	ent	,	
ZIMMERMAN, MICHAEL J CPA 13320 S.W. 128TH STREET MIAMI FL 33186				Name Street Address	(P.O. B	lox Number is Not Acceptable)				
WILMIN FE 33 TOO				City	FL Zip Code				e	
med entity submits this staten s of registered agent.	nent for the purpos	e of changing its	registered	office or registe	ered age	ent, or both, in the State of Flori		niliar with,	and accept	
nature, typed or printed name of registere	d agent and title if applica	ble. (NOTE	: Registered A	gent signature require	ed when re	sinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									0 May Be	
10. OFFICERS AND DIRECTORS					AD	DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	
300 SW 157TH STREET		☐ Delete					[Change	Addition	
		☐ Delete	TITLE NAME STREET	ADDRESS			[Change	Addition	
		☐ Delete			. There off		-	☐ Change -	Addition	
		□ Delete]	Change	Addition	
		☐ Delete	TITLE NAME STREET	ADDRESS		* T 40 c acr market]	Change	☐ Addition	
 		☐ Delete	TITLE NAME				Γ	Change	Addition	
	e of Business etc. Country 6. Name and Address of Country 6. Name and Address of Country MICHAEL J CPA 28TH STREET 86 med entity submits this statem is of registered agent. nature, typed or printed name of registere NOW!!! FEE IS \$150.0 ay 1, 2003 Fee will be \$55 ayable to Florida Department	e of Business etc. Suite, City & Country Zip 6. Name and Address of Current Registered MICHAEL J CPA 28TH STREET 86 med entity submits this statement for the purpos s of registered agent. ENOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTORS COBAR, WILLIAM 300 SW 157TH STREET	STREET 15600 S.W. 157TH STREET MIAMI FL 33187 e of Business 2. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent MICHAEL J CPA 28TH STREET 86 med entity submits this statement for the purpose of changing its s of registered agent. **NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTORS COBAR, WILLIAM 300 SW 157TH STREET MMI FL 33187 Delete Delete	e of Business a. Mailing Address etc. City & State Country Zip Country Zip Country All CHAEL J CPA 28TH STREET MICHAEL J CPA 28TH STREET 86 Country City & State Country MICHAEL J CPA 28TH STREET 86 City & State City & State Country City & State Country All CHAEL J CPA 28TH STREET 86 City & State City & State Country City & State City & Sta	e of Business a. Maliting Address etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country All CHAEL J CPA 28TH STREET MIAMI FL 33187 Name Street Address Street Address City MICHAEL J CPA Street Address Street Address City MICHAEL J CPA Street Address Street Address City MOTE: Registered Agent signature requires of registered agent. (NOTE: Registered Agent signature requires of privature requires o	e of Business a. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Country 5. 6. Name and Address of Current Registered Agent MICHAEL J CPA 228TH STREET 866 City Truet Address (P.O. E. Name Street Address (P.O. E. Titte NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	### STREET ### STREET ### STREET ### ### ### ### ### ### ### ### ###	### 1990 S.W. 157TH STREET MIAMI F. 33187	### STREET ### STREET #### STREET #### ### #### ####################	

2. 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 Block 11 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

7-32-07

Davime Phone #