FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR) FIFD DOCUMENT # P 9 6 0000 90995 02 JUL -2 AM IO: 28 Eskard Inc. SECHETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 215E \ WE 3. Mailing Address same 2155 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **4000** Applied For 4. FEI Number City & State City & State <u>vs-0113191</u> Not Applicable Country \$8.75 Additional Country U.S 5. Certificate of Status Desired . П *3*3(3) 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O.:Box Number is Not Acceptable) IN THIS SPACE 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. SIGNATURE printed name of registered agent and title it applicable. January 1 - Mey 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Tax tiling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. $(P \in P)$ 1171.6 Mark Dienstac NAME 215E 1 Nuc 52 800 NAME -07/05/02--01070--022 STREET ADDRESS STREET ADDRESS -CHY-ST-ZIP Hiam, FL. 33131 CITY-ST-ZIP TITLE Edwin S. Reeder MAME 525 LE 1930 Trent NAME STREET ADDRESS STREET ADDRESS Mun FL 33138 CITY-ST-ZIP CITY-ST-ZIE MRE : - > TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIH THIF HITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CDY-S1-7IF 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 en rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an addres

OR PRINTED NAME OF SIGNING OFFICER OR D

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

Attachment Downing ## P96000090995

SUITE 5:6

LE JEUNE CENTRE

780 N.W.LE JEUNE ROAD

MIAMI,FLORIDA 33126

TELEPHONE

(305) 443-7122

June 18, 2002

MEMBERS

AMERICAN AND FLORIDA

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

> Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ESKARD, INC. P96000090995

Enclosed you shall find a check in the amount of \$450.00 for the reinstatement for the above-mentioned company. The president of the company was out of the county and was never notified of the annual report for the company.

Please waive the penalties that were applied to the above mentioned company and reinstate accordingly.

Thank you for your cooperation regarding this matter. If you should have any questions do not hesitate to call me.

Sincerely,

Aurelio A. Piedra, CPA

AAP/dci