

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90494 037 ***150.00

0153443

DOCUMENT # P97000045532

1. Entity Name
ESSHAKI, INC.

Principal Place of Business

**777 BRICKELL AVENUE
 SUITE 1070
 MIAMI FL 33131**

Mailing Address

**777 BRICKELL AVENUE
 SUITE 1070
 MIAMI FL 33131**

2. Principal Place of Business

**210 S. Old Woodward
 Suite, Apt. #, etc.
 160**

3. Mailing Address

**210 S. Old Woodward
 Suite, Apt. #, etc.
 160**

City & State

**Birmingham
 Zip
 MI 48009**

Country
USA

City & State

**Birmingham, MI
 Zip
 48009**

Country
USA

4. FEI Number **65-0754639**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MONTELLO, LOUIS R
 777 BRICKELL AVENUE, STE. 1070
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

James Esshaki

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-00

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

TITLE ☐ Delete
D
 NAME **ESSHAKI, JAMES**
 STREET ADDRESS **777 BRICKELL AVE., STE. 1070**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **James Esshaki**
 STREET ADDRESS **210 S. Old Woodward Suite 160**
 CITY-ST-ZIP **Birmingham, MI 48009**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00 248-645-5900

CR2E034 (10/00)