

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90173 043 \*\*\*150.00

02/13/02 AV

**DOCUMENT # P97000068059**

1. Entity Name  
**EMERALD SQUARE PROPERTIES, INC.**

Principal Place of Business: **9509 HARDING AVE. SURFSIDE FL 33154**  
 Mailing Address: **9509 HARDING AVE. SURFSIDE FL 33154**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0773942** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SUPRASKI, LOUIS A**  
**2450 NE MIAMI GARDENS DR., 2ND FL.**  
**N. MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
 Name: **LYDIA ESKENAZI**  
 Street Address (P.O. Box Number is Not Acceptable): **9509 HARDING Avenue**  
 City: **SURFSIDE** State: **FL** Zip Code: **33154**

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: **LYDIA ESKENAZI, Vice President** DATE: **1/24/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement 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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BIGELMAN, ANITA</b>	
STREET ADDRESS	<b>9509 HARDING AVE.</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>ESKENAZI, LYDIA</b>	
STREET ADDRESS	<b>9509 HARDING AVE.</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 LYDIA ESKENAZI** DATE: **1/24/02** Daytime Phone #: **(305) 965-9811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)