## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am Secretary of State DOCUMENT # P97000098954 1. Entity Name . . EMERGENCY SERVICE PRODUCTS, INC. 05-13-2002 90135 004 \*\*\*150.00 Principal Place of Business Mailing Address 1001 NORTH FEDERAL HIGHWAY P.O. BOX 1786 STE 300 HALLANDALE FL 33008 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Hallandale Bch Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0800310 Not Applicable Zip Country 3300° \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENENDEZ, ANTONIO R Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER ST. MUSEUM TOWER, SUITE 2200-ARM **MIAMI FL 33130** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MONTANO, GEORGE NAME 101 N. FEDERAL HWY., STE 300 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

Indicated on this report or 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 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

954.457.2658

FILED