

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90137 005 \*\*\*150.00

0618866

**DOCUMENT # P98000004064**

1. Entity Name

**E SOLUTIONS CORPORATION**

Principal Place of Business

~~7601 E TREASURE ISLAND DR~~  
~~#2212~~  
~~N BAY VILLAGE FL 33141~~

Mailing Address

~~7601 E TREASURE ISLAND DR~~  
~~#2212~~  
~~N BAY VILLAGE FL 33141~~

**00006146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6303 Blue Lagoon Drive**

3. Mailing Address

**6303 Blue Lagoon Drive**

Suite, Apt. #, etc.

**Suite 375**

Suite, Apt. #, etc.

**Suite 375**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number **65-0804721**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLD, STUART M ESQ**  
**8180 NW 36 ST #100**  
**MIAMI FL 33166**

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

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 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	PD	<input type="checkbox"/> Delete
NAME	NICHOLAS, RICHARD E	
STREET ADDRESS	18142 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONDE, THANH THUY	
STREET ADDRESS	10142 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLINGER, BRAIN	
STREET ADDRESS	7601 E TREASURE DR #2212	
CITY-ST-ZIP	N BAY VILLAGE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	516 W. DAVIS Boulevard	
CITY-ST-ZIP	Tampa Florida 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	240 Windward Passage Suite 1302	
CITY-ST-ZIP	Clearwater, FL 33767	
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 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

1/10/01

Date

(305) 867-8606

Daytime Phone #

CR2E034 (10/00)