

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90658 021 ***150.00

0129412 AV

DOCUMENT # P98000012459

1. Entity Name

EX - ES TEX, CORP.

Principal Place of Business

200 LESLIE DRIVE APT 404
 HALLANDALE FL 33009

Mailing Address

200 LESLIE DRIVE APT 404
 HALLANDALE FL 33009

2. Principal Place of Business

321 E. Sheridan Street

3. Mailing Address

321 E. Sheridan Street

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

Broward

Zip

33004

Country

Broward

4. FEI Number

65-0811818

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

RAPAPORT, AVERY W

200 LESLIE DRIVE APT 404

HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Rapaport, Avery W

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

321 E. Sheridan Street, #408

City

Dania Beach

FL

Zip Code

33004

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

04/05/02

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, 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 | DPST | <input type="checkbox"/> Delete |
| NAME | RAPAPORT, AVERY W | |
| STREET ADDRESS | 200 LESLIE DRIVE APT 404 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | DPST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rapaport, Avery W | |
| STREET ADDRESS | 321 E. Sheridan Street, #408 | |
| CITY-ST-ZIP | Dania Beach, FL 33004 | |
| 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 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

04/05/02

Date

305-6912085

Daytime Phone #

CR2E034 (9/01)