FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90173 010 ***150.00

DOCUMENT # P98000021338

1. Entity Name
Esquire Products Limited, Inc.

20015241

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 SE 3 Ave	800 SE 3 Ave
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33316 Country USA	Zip 33316 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jay Chimpoulis
Street Address (P.O. Box Number is Not Acceptable): 800 SE 3 Avenue
2nd Floor
City: Fort Lauderdale FL Zip Code: 33316

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President + Treasurer
NAME	Jay Chimpoulis
STREET ADDRESS	800 SE 3 Ave, 2nd Floor
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	Vice President + Secretary
NAME	William R. Lemos
STREET ADDRESS	166 Isla Dorada Blvd.
CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/17/03 954-463-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #