2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000021450 May 08, 2000 8:00 am 1. Entity Name **Secretary of State** ESSEK-AFFARI ENTERPRISE, INC. 05-08-2000 90008 041 ***150.00 Principal Place of Business Mailing Address 18181 N.E. 31ST CT. 18181 N.E. 31ST CT. #1003 #1003 AVENTURA FL 33160-2676 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0824494 Not Applicable Zip Country Zip Country \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHANZER, SONIA Street Address (P.O. Box Number is Not Acceptable) 18181 N.E. 31ST CT. #1003 **AVENTURA FL 33160** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campalgn Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. \Box Make Check Payable to Department of State (See criteria on back) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete SCHANZER, EDUARDO S NAME STREET ADDRESS STREET ADDRESS 18181 N.E. 31ST CT. CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Delete TITLE Change Addition TITLE NAME SCHANZER, SONIA NAME STREET ADDRÈSS STREET ADDRESS 18181 N.E. 31ST CT. CITY-ST-ZIP CITY-ST-7IP.3 **AVENTURA FL 33160** Addition ☐ Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME SMAN STREET ADDRESS 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.

INFODARDOS. SCHANZER FEB 25 2000/305