

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90011 026 ***150.00

DOCUMENT # P98000021450

1. Entity Name
ESSEK-AFFARI ENTERPRISE, INC.

Principal Place of Business
18151 NE 31 CT.
AVENTURA FL 33160

Mailing Address
18151 NE 31 CT.
AVENTURA FL 33160

2. Principal Place of Business
18151 NE 31 CT.

3. Mailing Address
18151 NE 31 CT.

Suite, Apt. #, etc.
PH106

Suite, Apt. #, etc.
PH106

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number **65-0824494**

Applied For
 Not Applicable

Zip
33160 Country **US**

Zip
33160 Country **US**

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

6. Name and Address of Current Registered Agent

SCHANZER, SONIA
18181 N.E. 31ST CT.
#1003
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name
Schanzer, Sonia
 Street Address (P.O. Box Number is Not Acceptable)
18151 NE 31 CT
 # **PH106**
 City **Aventura** **FL** Zip Code **33160**

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 *Sonia Schanzer* **Sonia Schanzer**

04/11/02

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, 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 **D** ☐ Delete
 NAME **SCHANZER, EDUARDO S**
 STREET ADDRESS **18181 N.E. 31ST CT.**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete
 NAME **SCHANZER, SONIA**
 STREET ADDRESS **18181 N.E. 31ST CT.**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Schanzer, Eduardo S.**
 STREET ADDRESS **18151 NE 31 CT # PH106**
 CITY-ST-ZIP **Aventura, FL 33160**

TITLE **D** ☒ Change ☐ Addition
 NAME **Schanzer, Sonia**
 STREET ADDRESS **18151 NE 31 CT # PH106**
 CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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: *Sonia Schanzer* **Sonia Schanzer**

04/11/02 (305) 469-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)