

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90346 001 ***300.00

DOCUMENT # P99000059206

1. Entity Name
ESQUIRE MEDIATION SERVICES, INC.

Principal Place of Business 5455 N. FEDERAL HIGHWAY SUITE K BOCA RATON FL 33487	Mailing Address 5455 N. FEDERAL HIGHWAY SUITE K BOCA RATON FL 33487-4994
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2. Principal Place of Business 1430 So Federal Hwy Suite, Apt. #, etc. 302 City & State Deerfield Beach, FLA Zip 33441 Country Broward	3. Mailing Address P.O. Box 50041 Suite, Apt. #, etc. City & State Lighthouse Point, FLA Zip 33074-0041 Country Broward
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0940552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALIENDO, SAM C 5455 N. FEDERAL HIGHWAY SUITE K BOCA RATON FL 33487	
7. Name and Address of New Registered Agent Name Caliendo, Sam C. Street Address (P.O. Box Number is Not Acceptable) Suite 302 1430 So. Federal Hwy City Deerfield Beach FL Zip Code 33441	

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 **Sam C. Caliendo** *Sam C. Caliendo* **4-21-00**
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALIENDO, SAM C		NAME Caliendo, Sam C.	
STREET ADDRESS 5455 N. FEDERAL HIGHWAY, SUITE K		STREET ADDRESS 1430 So Federal Hwy. # 302	
CITY-ST-ZIP BOCA RATON FL 33487		CITY-ST-ZIP Deerfield Beach, FL 33441	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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: *Sam C. Caliendo, Pres* **4-21-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)