

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061309

1. Entity Name

PLUS INTERNATIONAL, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90081 027 \*\*\*150.00

Principal Place of Business

200 S. BISCAYNE BLVD., STE. 1050  
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD., STE. 1050  
MIAMI FL 33131-2329

2. Principal Place of Business

511 NE 3rd Avenue

Suite, Apt. #, etc.

2nd floor

3. Mailing Address

511 NE 3rd Avenue

Suite, Apt. #, etc.

2nd floor

City & State

Fr. Lauderdale, FL

City & State

Fr. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQ.  
200 S. BISCAYNE BLVD., STE. 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Josh Bennett

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

511 NE 3rd Avenue; 2nd floor

City

Fr. Lauderdale

FL

Zip Code

33301

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

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, 2000 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                                | <input type="checkbox"/> Delete |
| NAME           | ESKRA, PETER                     |                                 |
| STREET ADDRESS | 200 S. BISCAYNE BLVD., STE. 1050 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                   |                                 |
| TITLE          | D                                | <input type="checkbox"/> Delete |
| NAME           | ESKRA, MIKE II                   |                                 |
| STREET ADDRESS | 200 S. BISCAYNE BLVD., STE. 1050 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                   |                                 |
| TITLE          | D                                | <input type="checkbox"/> Delete |
| NAME           | ESKRA, MIKE III                  |                                 |
| STREET ADDRESS | 200 S. BISCAYNE BLVD., STE. 1050 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                   |                                 |
| TITLE          | D                                | <input type="checkbox"/> Delete |
| NAME           | VODICKA, SUSAN                   |                                 |
| STREET ADDRESS | 200 S. BISCAYNE BLVD., STE. 1050 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131                   |                                 |
| 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          | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Peter Eskra                                  |  |
| STREET ADDRESS | 511 NE 3rd Ave; 2nd floor                    |  |
| CITY-ST-ZIP    | Fr. Lauderdale, FL 33301                     |  |
| TITLE          | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mike Eskra II                                |  |
| STREET ADDRESS | 511 NE 3rd Ave; 2nd floor                    |  |
| CITY-ST-ZIP    | Fr. Lauderdale, FL 33301                     |  |
| TITLE          | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mike Eskra III                               |  |
| STREET ADDRESS | 511 NE 3rd Ave; 2nd floor                    |  |
| CITY-ST-ZIP    | Fr. Lauderdale, FL 33301                     |  |
| TITLE          | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Susan Vodicka                                |  |
| STREET ADDRESS | 200 S. Biscayne Bl 511 NE 3rd Ave; 2nd floor |  |
| CITY-ST-ZIP    | Fr. Lauderdale, FL 33301                     |  |
| 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

Date

Daytime Phone #

1123/00

954-468-5551

CR2E034 (9/99)