

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90004 028 \*\*\*150.00

**DOCUMENT #** P 99000070619

**1. Entity Name** ESMA HOTEL SUPPLIES CORP.  
 1808 GRANADA BLVD.  
 CORAL GABLES, FLORIDA 33134-3550

**Principal Place of Business** 1808 GRANADA BLVD.  
 CORAL GABLES, FLORIDA 33134-3550

**2. Principal Place of Business**  
 SAME AS ABOVE  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State** **City & State** **4. FEI Number** ☒ Applied For  
☐ Not Applicable  
**Zip** **Country** **Zip** **Country** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

JOSE ANTONIO ESPEJO  
 7790 N.W. 67 AVENUE  
 MIAMI, FLORIDA 33166

**7. Name and Address of New Registered Agent**

**Name** JOSE ANTONIO ESPEJO  
**Street Address (P.O. Box Number is Not Acceptable)** 7790 N.W. 67 AVENUE  
**MIAMI, FLORIDA 33166**  
**City** **FL** **Zip Code** 33166

**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** JOSE ANTONIO ESPEJO - PRESIDENT

05/18/2000

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          | <input checked="" type="checkbox"/> Delete |
| NAME           | INIGO MAEZTU -PRES                         |
| STREET ADDRESS | 327 SANTANDER AVENUE                       |
| CITY-ST-ZIP    | CORAL GABLES, FLA. 33134                   |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           | JOSE A. ESPEJO -PRESIDENT                  |
| STREET ADDRESS | 7790 N.W. 67 AVENUE                        |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33166                       |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY-ST-ZIP    |                                            |
| 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          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JOSE A. ESPEJO -PRESIDENT                                                    |
| STREET ADDRESS | 7790 N.W. 67 AVENUE                                                          |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33166                                                         |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DAVID MARTI-VICE PRESIDENT                                                   |
| STREET ADDRESS | 540 BRICKELL KEY DRIVE, APT 709                                              |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33131                                                         |
| 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    |                                                                              |
| 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:** JOSE A. ESPEJO-PRES.

05/18/2000(305)913-8105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)