

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90308 048 ***150.00

DOCUMENT # P99000085131

1. Entity Name

ESB MANAGEMENT COMPANY, INC.

Principal Place of Business

5176 N.W. 99TH WAY
CORAL SPRINGS FL 33076

Mailing Address

5176 N.W. 99TH WAY
CORAL SPRINGS FL 33076

2. Principal Place of Business

7547 N.W. 79 Ave.

Suite, Apt. #, etc.

Apt. #115

City & State

Tamara, FL

Zip

33321

Country

U.S.

3. Mailing Address

8925-6 McGaw Court

Suite, Apt. #, etc.

City & State

Columbia, MD

Zip

21045

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, ENID
5176 N.W. 99TH WAY
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Berman, Enid

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

7547 N.W. 79 Ave.

Apt. #115

City

Tamara

FL

Zip Code
33321

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	BERMAN, ENID	
STREET ADDRESS	5176 N.W. 99TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	Berman, Enid	
STREET ADDRESS	7547 N.W. 79 Ave	
CITY-ST-ZIP	Tamara, FL 33321	
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
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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:

Enid Berman ENID BERMAN

4/16/01

Date

Daytime Phone #

CR2E034 (10/00)