May 14 02 10:00a porro/harris/dye

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91345 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000088917

1. Entity Name

E, S. IMAGINE COMPUTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
325 Salinas Drive
Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA

3. Mailing Address
325 Salinas Drive
Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Liliana C. ESCOBAR
Street Address (P.O. Box Number is Not Acceptable): 325 Salinas Dr.
City: Palm Beach Gardens FL Zip Code: 33410

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: Liliana Escobar Liliana Escobar May 14, 2002
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) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Escobar, Hernan D 325 Salinas Drive Palm Beach Gardens, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Escobar, Luz H. 325 Salinas Drive Palm Beach Gardens, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Escobar, Liliana C. 325 Salinas Drive Palm Beach Gardens, FL 33410
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Liliana Escobar Liliana C. ESCOBAR, May 14/02 (561)312-1523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #