

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090313

1. Entity Name

E.S. FLORIDA ENTERPRISES CORP.

Principal Place of Business

~~20725 NE 16 AVE  
A15  
NORTH MIAMI BEACH FL 33179~~

Mailing Address

~~20725 NE 16 AVE  
A15  
NORTH MIAMI BEACH FL 33179~~

2. Principal Place of Business

20406 NE 15ct

Suite, Apt. #, etc.

3. Mailing Address

20406 NE 15ct

Suite, Apt. #, etc.

City & State

NMB FL

Zip 33179

Country

DADE

City & State

NMB FL

Zip 33179

Country

DADE

4. FEI Number

65-0953965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOMIANSKI, EMILIO  
1833 SALERNO CIRCLE  
WESTON FL 33327

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	SLOMIANSKI, EMILIO	
STREET ADDRESS	1833 SALERNO CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOMIANSKI, KATHERINE	
STREET ADDRESS	1833 SALERNO CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90298 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)