

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # S05002**1. Entity Name
ESPRIT PROPERTIES, INC.

Principal Place of Business

3620 N 53RD AVENUE

HOLLYWOOD

33021

FL

US

Mailing Address

3620 N 53RD AVENUE

HOLLYWOOD

33021

FL

US

2. Principal Place of Business

11860 W STATE RD 84

Suite, Apt. #, etc.

B-15

3. Mailing Address

11860 W STATE RD 84

Suite, Apt. #, etc.

B-15

City & State

DAVIE

FL

City & State

DAVIE

FL

Zip

33325

Country

US

Zip

33325

Country

US

4. FEI Number

65-0224126

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLAN, AMNON

3620 N. 53 AVE.

HOLLYWOOD

33021

FL

US

7. Name and Address of New Registered Agent

Name

GOLAN AMNON

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

11680 W STATE RD 84

B-15

City

DAVIE

FL

Zip Code

33325

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 **AMNON GOLAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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	P	<input type="checkbox"/> Delete
NAME	SCHACHTEL SARI	
STREET ADDRESS	3620 N. 53 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GOLAN DINA	
STREET ADDRESS	3620 N. 53 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOLAN, AMNON	
STREET ADDRESS	3620 N. 53 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
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 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	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLAN AMNON	
STREET ADDRESS	3620 N. 53 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
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: **AMNON GOLAN**

VS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)