

2001 UNIFORM BUSINESS REPORT (UBR)

0022314 SP

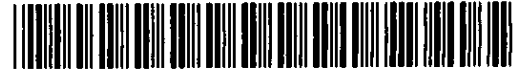
DOCUMENT # L00000006716

1. Entity Name
ESG AMERICA, L.L.C.

FILED

01 FEB 22 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10500 SAN REMO, SUITE 203
CORAL GABLES, FL 33146
1500 SAN REMO AVE, SUITE 203
CORAL GABLES, FL 33146

Mailing Address
10500 SAN REMO, SUITE 203
CORAL GABLES, FL 33146
1500 SAN REMO AVE, SUITE 203
CORAL GABLES, FL 33146

2. Principal Place of Business
1500 SAN REMO AVE.
Suite, Apt. #, etc.
SUITE 203
City & State
CORAL GABLES, FL

3. Mailing Address
1500 SAN REMO AVE.
Suite, Apt. #, etc.
SUITE 203
City & State
CORAL GABLES, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1073728 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHIFFIN, MICHAEL
SUNTRUST INTERNATIONAL CENTER, SUITE 1450
MIAMI FL 33131

7. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PETER M. BOOTH 1500 SAN REMO AVE, SUITE 203 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MARIALAUREN PIRO 1500 SAN REMO AVE, SUITE 203 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000003768706--2 -02/26/01--01148--023 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

2/13/2001 305-6636664

CR2E083 (11/00)