2001 UNIFORM BUSINESS REPORT (UBR)

0082314 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	Mailing Address
~~10500 SAN REMO, SUITE 203~~	~~10500 SAN REMO. SUITE 203~~
~~CORAL GABLES FL 33146~~	~~CORAL GABLES FL 33146~~
1500 SAN REMO AVE, SUITE 203	1500 SAN REMO AVE, SUITE 203
CORAL GABLES, FL 33146	CORAL GABLES, FL 33146

2. Principal Place of Business		3. Mailing Address	
~~1500 SAN REMO AVE.~~		1500 SAN REMO AVE.	
Suite, Apt. #, etc.: SUITE 203		Suite, Apt. #, etc.: SUITE 203	
City & State: CORAL GABLES, FL		City & State: CORAL GABLES, FL	
Zip: 33146	Country: USA	Zip: 33146	Country: USA

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	7. Name and Address of New Registered Agent
SCHIFFIN, MICHAEL	Name
SUNTRUST INTERNATIONAL CENTER, SUITE 1450	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131	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
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Change ☐ Addition 600003768706--2 -02/26/01--01148--023 *****50.00 *****50.00
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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CR2E083 (11/00)

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: ______________________ 2/13/2001 305-6636664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #