

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90451 033 ***158.75

DOCUMENT # 701000035670

1. Entity Name

DAVID ESTRELLA, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3191 CORAL WAY

Suite, Apt. #, etc.

Suite 403

City & State

MIAMI FLORIDA

Zip

33145

Country

USA

3. Mailing Address

3191 CORAL WAY

Suite, Apt. #, etc.

Suite 403

City & State

MIAMI FLORIDA

Zip

33145

Country

USA

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4. FEI Number

65-1092393

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Estrella, Esq.

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

3191 CORAL WAY, Ste. 403

City

MIAMI

FL

Zip Code

33145

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IN THIS SPACE**

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) ☒

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
PRESIDENT
David Estrella
4722 SW 67 Ave A-5
MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

David Estrella

DAVID ESTRELLA

4-25-02 (305) 444-4495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)