

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079867

1. Entity Name

ESQUEN & ASSOCIATE CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90869 034 \*\*\*150.00

Principal Place of Business

8824 CORAL WAY  
#B  
MAIMI FL 33165  
US

Mailing Address

12745 SW 62 TERR  
MIAMI FL 33183-1327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13780 SW 56 ST

Suite, Apt. #, etc.

109

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0704637

Applied For

Not Applicable

Zip

33175

Country

DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESQUEN, JUAN ALBERTO  
12745 SW 62 TERR  
MIAMI FL 33183

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

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

JUAN ALBERTO ESQUEN

592-88-6317

(NOTE: Registered Agent Signature Required when reinstating)

DATE

4/27/00

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, 2000 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	ESQUEN, JUAN ALBERTO	
STREET ADDRESS	12745 SW 62 TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESQUEN, HUMBERTO R	
STREET ADDRESS	29815 SW 143 CT	
CITY-ST-ZIP	LEISURE CITY FL 33033	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN ALBERTO ESQUEN

592-88-6317

4/27/00 (305) 387-6775

Date

Daytime Phone #

CR2E034 (9/99)