

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000336**

1. Entity Name

**ESTEIN & ASSOCIATES LAS VEGAS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -3 PM 6:18

Principal Place of Business

% ESTEIN & ASSOCIATES USA. LTD.  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address

% ESTEIN & ASSOCIATES USA. LTD.  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819-9452



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3308674**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWIS, VEGOSEN & ROSENBAUGH, P.A.**  
% DEAN VEGOSEN  
500 S. AUSTRALIAN AVENUE, 10TH FLOOR  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Lothar Estein**

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

**5211 International Drive**

City

**Orlando**

**FL**

Zip Code  
**32819**

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

**Lothar Estein, President of General Partner**

**3-30-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$36,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000018697**  
NAME **G.P. ESTEIN LAS VEGAS CORPORATION**  
STREET ADDRESS **500 S. AUSTRALIAN AVENUE**  
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **AR-252.00**  
NAME **AR-252.00**  
STREET ADDRESS **AR-252.00**  
CITY - ST - ZIP **AR-252.00**

DOCUMENT # **AR-252.00**  
NAME **AR-252.00**  
STREET ADDRESS **AR-252.00**  
CITY - ST - ZIP **AR-252.00**

DOCUMENT # **AR-252.00**  
NAME **AR-252.00**  
STREET ADDRESS **AR-252.00**  
CITY - ST - ZIP **AR-252.00**

DOCUMENT # **AR-252.00**  
NAME **AR-252.00**  
STREET ADDRESS **AR-252.00**  
CITY - ST - ZIP **AR-252.00**

DOCUMENT # **AR-252.00**  
NAME **AR-252.00**  
STREET ADDRESS **AR-252.00**  
CITY - ST - ZIP **AR-252.00**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
**Lothar Estein**

**3-30-00**

**407-354-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)