

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000000336

1. Entity Name
ESTEIN & ASSOCIATES LAS VEGAS, LTD.

FILED
 02 APR 11 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3308674

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR
5211 INTERNATONAL DRIVE
ORLANDO FL 32819

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000018697	STREET ADDRESS	
NAME	G.P. ESTEIN LAS VEGAS CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5211 INTERNATIONAL DRIVE		
CITY-ST-ZIP	ORLANDO FL 32819		
DOCUMENT #		STREET ADDRESS	300005289909--4
NAME		CITY-ST-ZIP	-04/17/02--01065--012
STREET ADDRESS			****349.50 ****349.50
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: **Lothar Estein** **04-08-02** **407-354-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)