

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90181 036 ***150.00

DOCUMENT # J12613

1. Entity Name
ESTEFAN ENTERPRISES, INC.

Principal Place of Business

**420 JEFFERSON AVENUE
 MIAMI BEACH FL 33139
 US**

Mailing Address

**420 JEFFERSON AVENUE
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2738452**

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

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131**

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. (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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	ESTEFAN, EMILIO JR	
STREET ADDRESS	420 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ESTEFAN, GLORIA M	
STREET ADDRESS	420 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	AMADEO, FRANK	
STREET ADDRESS	420 JEFFERSON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **FRANK AMADEO** 4/16/02 (305) 695-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)