

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000017247**1. Entity Name  
**ESTESS, LLC**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT -4 PM 3:30

10/4

Principal Place of Business  
**2021 TYLER STREET  
HOLLYWOOD FL 33020**Mailing Address  
**2021 TYLER STREET  
HOLLYWOOD FL 33020**2. Principal Place of Business  
**2021 TYLER STREET**3. Mailing Address  
**2021 TYLER STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FLORIDA**City & State  
**HOLLYWOOD, FLORIDA**Zip  
**33020**Country  
**USA**Zip  
**33020**Country  
**USA**4. FEI Number  
**65-1143765**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHN, ALAN B ESQ.  
2021 TYLER STREET  
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGING MEMBER  
CHES, AMOS  
2021 TYLER STREET  
HOLLYWOOD, FLORIDA 33020** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (4/02)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ALAN B. COHN, Authorized Representative**Date **9/10/02**

Daytime Phone #

954-921-5500