

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017247

1. Entity Name  
**ESTESS, LLC**



Principal Place of Business  
2021 TYLER STREET  
HOLLYWOOD, FL 33020

Mailing Address  
2021 TYLER STREET  
HOLLYWOOD, FL 33020

**FILED**  
03 APR 30 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**840 E. Oakland Pk. Blvd.**  
Suite, Apt. #, etc.  
**Suite 110**

3. Mailing Address  
**840 E. Oakland Pk. Blvd.**  
Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale**

Zip  
**33334**

Country  
**USA**

Zip  
**33334**

Country  
**USA**

4. FEI Number  
**65-1143765**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**CHESS, AMOS**  
**2021 TYLER STREET**  
**HOLLYWOOD, FL 33020**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**ZAMIR, ELI**  
**21370 SWEETWATER LANE N.**  
**BOCA RATON, FL 33428**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**04/30/03--01026--001**  
**\*\*50.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900017545000**  
**04/30/03--01026--001**  
**\*\*50.00**

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**ELI ZAMIR, MANAGING MEMBER**

**4/24/2003**

**561-488-8767**

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

Date

Daytime Phone #

CR2E083 (10/02)