

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L98000002401

1. Entity Name
E.S. BANKEST L.C.

00 APR 18 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
999 BRICKELL AVENUE, PENTHOUSE 999 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131 MIAMI FL 33131-3012



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
4. FEI Number 65-0887242 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, ROBERT W
999 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131

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 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

9. MANAGING MEMBERS/MEMBERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
MGR BALESTRA, VICTOR C
999 BRICKELL AVENUE, 4TH FL
MIAMI FL 33131
MGR ORLANSKY, EDUARDO
999 BRICKELL AVENUE, PH
MIAMI FL 33131
MGR MOLLET, BERNARD
999 BRICKELL AVENUE, 4TH FL
MIAMI FL 33131
MGR ORLANSKY, HECTOR
999 BRICKELL AVENUE, PH
MIAMI FL 33131

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
000003229980-2
-04/28/00-01123-018
*****50.00 *****50.00
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 3/21/00 3058883613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)