2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002401 1. Entity Name E.S. BANKEST L.C.						FILED				
Principal Place of Business 999 BRICKELL AVENUE. PENTHOUSE MIAMI FL 33131		Mailing Address 999 BRICKELL AVENUE, PENTHOUSE MIAMI FL 33131		O1 APR 27 AN 12: 10 SECRETARY OF STATE						
2. Principal Place of Business		3. Mailing Address			-	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0887242 Applied For Not Applicable					}
Zip	Country	Zip	Country	/	5. Certifica	ate of Status Desired		5.00 Addit	ional	- -
	6. Name and Address of Current	Registered Agent	1		7. Name a	nd Address of New R	gistered Age	ent		1
STEWART, ROBERT W				Name Street Address	Address (P.O. Box Number is Not Acceptable)					
999 BRICK	(ELL AVENUE, PENTHOUSE			Street Address (F.O. Dox Number is Not Acceptable)						
MIAMI FL 33131										
				City			FL	Zip Code		
SIGNATURE .	Signature, typed or printed name of registered agent	:	OW!!! FI	egent signature requirement SE IS \$50.00 Department)		DATE			
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/	CHANGES]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALESTRA, VICTOR C 999 BRICKELL AVENUE, 4TH FL MIAMI FL 33131	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				_ Change	Addition	CR2E083 (11/00)
NAME	MGR ORLANSKY, EDUARDO 999 BRICKELL AVENUE, PH MIAMI FL 33131	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	·		[☐ Change	Addition .	CB.
	MGR MOLLET, BERNARD 999 BRICKELL AVENUE, 4TH FL MIAMI FL 33131	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	Tento	800004 05/10, *****	′01011	1998- 11302 *****5(ŀ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANSKY, HECTOR 999 BRICKELL AVENUE, PH MIAMI FL 33131	□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR R. PETER STANHAM 999 Brickell Ave		TITLE NAME STREET	ADDRESS T-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOAOUIN GARNECHO 999 Brickell Ave MIAMI, FL 33131	□ Delete	TITLE NAME	ADDRESS			Ţ	Change	Addition	1
11. I hereby of	certify that the information supplied with lon this report is true and accurate and ability company or the receiver or truste	that my signature shall have.	the same l	egal effect as if	made under o	ath: that I am a manac	further certify ing member o	that the informanager	ormation of the	