

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

CO APR 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004958

1. Entity Name
ESBINA, LLC

Principal Place of Business
520 BRICKELL KEY DRIVE, O-35
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, O-35
MIAMI FL 33131-2660



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0941291

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 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

FREEMAN, STAPHEN A
520 BRICKELL KEY DRIVE, O-35
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME LEDERMAN, MARCELLO
STREET ADDRESS 520 BRICKELL KEY DRIVE, O-35
CITY- ST- ZIP MIAMI FL 33131

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

TITLE MGR ☒ Delete
NAME DAVID LUIZ AZAMBUJA
STREET ADDRESS 520 BRICKELL KEY DRIVE, O-35
CITY- ST- ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME LUIZ DAVID AZAMBUJA
STREET ADDRESS 520 Brickell Key Drive, Suite 0-305
CITY- ST- ZIP Miami, Florida 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/17/2000 (305) 374-3800

Date

Daytime Phone #

CR2E083 (9/99)