2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001200

1. Entity Name
ESAVIO-BOCA LLC

FILED
01 APR 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 WESTLAKES DR.. SUITE 150
BERWYN PA 19312

Mailing Address
1000 WESTLAKES DR.. SUITE 150
BERWYN PA 19312

2. Principal Place of Business: 92 West Lancaster Ave.
Suite, Apt. #, etc.: 1st Floor
City & State: Devon, PA
Zip: 19333 Country: USA

3. Mailing Address: 92 West Lancaster Ave.
Suite, Apt. #, etc.: 1st Floor
City & State: Devon, PA
Zip: 19333 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3019590 Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PIZARRO, PETE
14570 NW 77TH COURT, SUITE 225
MIAMI LAKES FL 33016

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

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-05/08/01--01041--027
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAMES, JOSEPH 1000 WESTLAKES DR., STE. 150 BERWYN PA 19312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO JAMES, JOSEPH 1000 WESTLAKES DR., STE. 150 BERWYN PA 19312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO PIZARRO, PETE 14750 NW 77TH CT., STE. 225 MIAMI LAKES FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Pete R. Pizarro C.O.O. SIGNATURE REQUIRED 305.698.0870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

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