

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90092 009 \*\*\*150.00

**DOCUMENT # P01000052867**

**1. Entity Name**  
**ESTEVA INTERNATIONAL, INC.**

**Principal Place of Business**

**201 ALHAMBRA CIRCLE, SUITE 711**  
**CORAL GABLES FL 33134**

**Mailing Address**

**201 ALHAMBRA CIRCLE, SUITE 711**  
**CORAL GABLES FL 33134**

**2. Principal Place of Business**

**7370 NW 36TH STREET**

**3. Mailing Address**

**7370 NW 36TH STREET**

**Suite, Apt. #, etc.**

**SUITE 319-F**

**Suite, Apt. #, etc.**

**SUITE 319-F**

**City & State**

**MIAMI, FL**

**City & State**

**MIAMI, FL**

**Zip**

**33166**

**Country**

**DADE**

**Zip**

**33166**

**Country**

**DADE**

**4. FEI Number**

**65-1108234**

☒ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**RAPPORT, STEPHEN R**

**201 ALHAMBRA CIRCLE, SUITE 711**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

**Name OSCAR J. BETHENCOURT**

**Street Address (P.O. Box Number is Not Acceptable)**

**7370 N.W. 36th STREET**

**SUITE 319-F**

**City MIAMI**

**FL**

**Zip Code 33166**

**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**  **OSCAR BETHENCOURT / PD.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-11-02**

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
**(See criteria on back)** ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE PD**  
**NAME BETHENCOURT, OSCAR J**  
**STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 711**  
**CITY-ST-ZIP CORAL GABLES FL 33134**

☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Delete**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PD**  
**NAME BETHENCOURT, OSCAR J.**  
**STREET ADDRESS 7370 NW 36TH STREET SUITE 319-F**  
**CITY-ST-ZIP MIAMI - FL - 33166**

☒ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☒ **Addition**

**N/A**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-02**

Date

**305-519-5965**

Daytime Phone #

CR2E034 (9/01)