

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90124 036 ***550.00

DOCUMENT # P01000066629

1. Entity Name
ESTEFANA, INC.



Principal Place of Business

1974 MADEIRA DRIVE
 WESTON FL 33327

Mailing Address

1974 MADEIRA DRIVE
 WESTON FL 33327

2. Principal Place of Business

848 Golden Cane Dr.

3. Mailing Address

848 Golden Cane Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

Zip

Country

33327 U.S.A.

Zip

Country

33327 U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANA J
 1974 MADEIRA DRIVE
 WESTON FL 33327

7. Name and Address of New Registered Agent

Name **GONZALEZ, ANA J.**

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

848 Golden Cane Dr.

City

Weston

FL

Zip Code

33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PTD** ☐ Delete
 NAME **GONZALEZ, ANA J**
 STREET ADDRESS **1974 MADEIRA DRIVE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **VSD** ☐ Delete
 NAME **RIVEIRO, JORGE J**
 STREET ADDRESS **1974 MADEIRA DRIVE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **GONZALEZ, ANA J.**
 STREET ADDRESS **848 Golden Cane Dr.**
 CITY-ST-ZIP **Weston FL 33327**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **Ribeiro, Jorge J.**
 STREET ADDRESS **848 Golden Cane Dr.**
 CITY-ST-ZIP **WESTON FL 33327**

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

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

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

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

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:

Handwritten signature of Jacqueline Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUELINE GONZALEZ 7-16-02 954-6600848

CR2E034 (4/02)