

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000013613**

1. Entity Name

**ESTRA CORPORATION**

Principal Place of Business

**801 SNOWDEN DR  
LAKE WORTH FL 33461  
US**

Mailing Address

**801 SNOWDEN DR  
LAKE WORTH FL 33461  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTRADA, SILVIO J  
801 SNOWDEN DR.  
LAKE WORTH FL 33461**

Name

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

City

**FL**

Zip Code **33461**

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

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, 2000 Min. 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 **PD** ☐ Delete  
NAME **ESTRADA, SILVIO J**  
STREET ADDRESS **801 SNOWDEN DR**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **900003420649--1**  
STREET ADDRESS **-10/10/00--01075--024**  
CITY-ST-ZIP **\*\*\*\*\*8.75 \*\*\*\*\*8.75**

TITLE ☐ Change ☐ Addition  
NAME **900003420649--1**  
STREET ADDRESS **-10/10/00--01075--025**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME **900003420649--1**  
STREET ADDRESS **-10/10/00--01075--026**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

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:

**SIGNATURE REQUIRED**

**SILVIO ESTRADA 922 00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
00 SEP 25 PM 12: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (5/00)

**SP**



Estra Corporation

901 SHAWNEE DR  
P.O. Box 1652

Lake Worth, Florida 33460

Tel. (561) 582-6832

Fax (561) 969-9799

DIVISION OF CORPORATIONS

9 22 00

TO WHOM IT MAY CONCERN:

SEVERAL MONTHS AGO I SENT TWO CHECKS BUT WERE TURNED BECAUSE THEY WERE  
MISTAKENLY WRITTEN. I SENT TWO OTHER BY NEXT DAY AIR. I AM NOT ABLE  
TO WALK. TODAY IS THE FIRST DAY I AM ABLE TO WALK. DOCTOR'S LETTER FOLLOWS:  
ENCLOSED PLEASE FIND A CHECK FOR \$150 AS I WAS TOLD TO SEND.

PLEASE, PLEASE, LET ME OFF THE DEBT.

THANKING YOU IN ADVANCE I REMAIN

SINCERELY YOURS

*Silvio Estrada*

SILVIO ESTRADA

ENCLOSURE