


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 025 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P93000046217</u>	
1. Entity Name <u>ESTEVEZ ENTERPRISES, INC.</u>	

DO NOT WRITE IN THIS SPACE

90128176

2. Principal Place of Business <u>3505 So. Ocean Dr.</u> Suite, Apt. #, etc. <u>3-B</u> City & State <u>Hollywood, FL.</u> Zip <u>33019</u> Country <u>Broward</u>	3. Mailing Address <u>3505 So. Ocean Dr.</u> Suite, Apt. #, etc. <u>3-B</u> City & State <u>Hollywood, FL.</u> Zip <u>33019</u> Country <u>Broward</u>
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0421444</u>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>AIDA ESTEVEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>7440 S.W. 136 St.</u> City <u>Miami</u> FL Zip <u>33156</u>	

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]

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

(NOTE: Registered Agent signature required when renouncing)

4-29-03

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PAIDA ESTEVEZ</u> <u>7440 S.W. 136 St.</u> <u>Miami, Fla. 33156</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>ULISES ESTEVEZ</u> <u>7440 S.W. 136 St.</u> <u>Miami, Fla. 33156</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

954-927-8911

Daytime Phone #

CR2E034B (12/02)