## 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000018697					Apr 21, 2002 8:00 am Secretary of State			
GP EST	EIN LAS VEGAS CORPORA	ATION 7			04-21-2002	90860 046 ***158	.75	
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Principal Place of Business Mailing Address Mailing Address				: .				
C/O ESTEIN & ASSOCIATES USA. LTD. C/O ESTEIN & ASSOCIATE			UŞA. LTD.					
	ATIONAL DRIVE	5211 INTERNATIONAL DRIVE		1 1				
ORLANDO FL	32819	ORLANDO FL 32819			<b>                                  </b>	( <b>18</b> 14) <b>18</b> 14 <b>)</b> 11 <b>81</b> : 1481 <b>: 1</b> 311 <b>8</b>		
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2. Principal P	lace of Business	3. Mailing Address		; -	) 	1 2011 112 112 112 113		
Suito Ant	# etc	Suite, Apt. #, etc.		-	. DO NOT WRITE	E IN THIS SPACE		
Suite, Apt. #, etc.		Sano, Apr. II, Sto.		3	, J.			
City & State		City & State	¥ ·	. '4	. FEI Number 50-2200672	Ap	plied For	
•		* .	·		59-3308673	No	t Applicable	
Zip	Country	Zip	Country	. 5	. Certificate of Status Desired	\$8.75 Add		
	, <b>l</b>	1	. S		. Certificate of otatos begined	Fee Required	<u> </u>	
	6. Name and Address of Current	Registered Agent	<i>)</i>	, 7.	. Name and Address of New Re	gistered Agent		
			' Name	. 8				
ESTEIN, L	LOTHAR		Street Ac	Idraes (P O	. Box Number is Not Acceptable)			
	ERNATIONAL DRIVE		SileerAd	idiesa (i .O	. Dox Hamber is Not Accopiation			
· =	O FL 32819							
OHLAND	J FL 32619	:						
	•	•	Çity		•	FL Zip Code	1	
O The share	named entity submits this statement for	y the curpose of changing its rec	nistered office or	registered	agent, or both, in the State of Flor	rida.		
b. The above	e named entity submits this statement it	if the purpose of changing its rec	gistered direct of	regiotorea	agoni, or botti, in the state of the		ì	
. •			. *				T 17 (E)	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Agent signatu	re required whe	on reinstating)	DATE		
	Signature, types of printed fixing of registeres again		4		3 3 3			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  Tax filing requirement and elects to do so.  Tax filing requirement and elects to do so.  Tax filing requirement and elects to do so.					10. Election Campaign Fina Trust Fund Contribution		May Be to Fees	
	ria on back)	Make Check Payable	to Department	of State	Trust i and Contributor		10 1 000	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
	D	Delete	TITLE 3	a + , '	1	☐ Change	☐ Addition	
NAME	ESTEIN, LOTHAR		NAME					
STREET ADDRESS	5211 INTERNATIONAL DRIVE	3 · · · · ·	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		**************************************			
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NAME			NAME 3	` : -	, '			

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Cothar Estein, President

407-354-3307

Daytime Phone #