

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 192

DOCUMENT # P96000097923

1. Entity Name

ESTER APT'S INC.

FILED

00 JUN 23 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

734 S.W. 2 ST.
MIAMI FL 33130

P.O. BOX 560952
MIAMI FL 33256-0952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0752893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURE, FRAN
10070 S.W. 57 AVE.
MIAMI FL 33156

Name

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

700003326877-5

-07/18/00-01078-015

***150.00 ***150.00

City

FL

Zip Code

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS MITCHELL, ELOISE
CITY-ST-ZIP 7747 S.W. 86 ST.
MIAMI FL 33143

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Eloise Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

305-544-8577

per

305-439-6775

cell

CP 1012 (1/98)

pg 2 of 2

To: Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Ester Apts Inc.

Dear Supervisor,

Please accept this letter as a formal apology for just receiving our Annual Reports, ~~we~~
~~we~~. We left all reports complete, ready to mail on our secretary's desk April 20, 2000.
We just returned from North Carolina to find them in the same spot, I have attached a
copy of our return date. The reason for them not getting mailed was that on April 21,
2000 our secretary left on maternity leave and they were **plain overlooked!** We ask you
to please not fine us and excuse the carelessness of our oversight.

Sincerely,



Guy Mitchell

STAPLE
HERE

Delta Air Lines
MITCHELL/GUY

DL2221725316

KA7TN

| | | | |
|---------------------|-------|-------------|---------|
| FLIGHT | DATE | CLASS | ORIGIN |
| DL272 | 08JUN | K | ATLANTA |
| OPERATED BY | COACH | DESTINATION | |
| DELTA AIR LINES INC | | MIAMI | |

BOARDING AUTHORITY
ELECTRONIC TICKET
2 006 2117509250 5
ASZYIZ

DEPARTS
345P

SEAT
25F
EXIT

BAGS
02

ATL9C691A/SC

BOARDING AUTHORITY
***** ET *****
MITCHELL/GUY

DL2221725316

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