2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000042296

1. Entity Name

ESTELA CORPORATION



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90233 037 ***150.00

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Principal Place of Business 4600 N POWERLANE RD POMPANO BEACH FL 33073			4600	Mailing Address 4600 N POWERLANE RD POMPANO BEACH FL 33073								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City	City & State			4. f	4. FEI Number 65-0753188			oplied For of Applicable		
Zip				Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent							7. 1	Name and Address of New Reg	istered Ag	ent		
							Name					
-	aurelio d Owerline ri		Street Address			s (P.O. B	(P.O. Box Number is Not Acceptable)					
POMPANO	O BEACH FL						······································					
F N		.			 ,	City			FL	Zip Cod		
8. The above the obligat	named entity s tions of register	ubmits this statement f ed agent.	for the purp	oose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Florid	ia. I am fai	miliar with,	and accept	
SIGNATURE .	Signature, typed or s	printed name of registered agen	and title if app	plicable. (NOTE	: Registere	d Agent signature requi	ired when re	instating)	DATE			
1 1 1 1 1 1				Τ				r				
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00						 Election Campaign Finan Trust Fund Contribution. 	cing 🗆		0 May Be I to Fees	
Make Check Payable to Florida Department of State												
10		OFFICERS AND	DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFICE	ER\$ AND E	DIRECTOR	S IN 11	
TITLE	PTD	<u>.</u>		☐ Delete	TITL	E				Change	Addition	
NAME	ESTELA, AU	relio d			NAM	E					İ	
STREET ADDRESS	1221 NW 10	2 WAY			STRE	ET ADDRESS					j	
CITY-ST-ZIP	CORAL SPR	INGS FL 33071			CITY	-ST-ZIP					ĺ	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Se								440 07(0)(0) El 11 0 11 0 11 11 11 11 11 11 11 11 11 11				
12. Thereby c	certify that the in	itormation supplied wit	n this filina	l does not qualify for	the exe	motion stated in :	Section :	119.07(3)(i) Florida Statutes I fu	rther certifi	that the ir	ntormation	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone