

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90188 015 ***550.00

DOCUMENT # P97000090344

1. Entity Name
ESOIL 1-27-45-0050 CORPORATION

Principal Place of Business: **2655 S. LEJEUNE RD. STE. PH1-C CORAL GABLES FL 33134**

Mailing Address: **2655 S. LEJEUNE RD. STE. PH1-C CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4970 SW 72 AVENUE**
 Suite, Apt. #, etc.: **101**
 City & State: **Miami, FL**
 Zip: **33155** Country: **USA**

3. Mailing Address: **4970 SW 72 AVENUE**
 Suite, Apt. #, etc.: **101**
 City & State: **Miami, FL**
 Zip: **33155** Country: **USA**

4. FEI Number: **65-0783103** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
ESTEVEZ, ANTHONY J
2655 S. LEJEUNE RD. STE. PH1-C
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 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]* (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: D	<input type="checkbox"/> Delete
NAME: ESTEVEZ, ANTHONY J	
STREET ADDRESS: 2655 S. LEJEUNE ROAD STE. PH1-C	
CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ESTEVEZ, ANTHONY, J	
STREET ADDRESS: 4970 SW 72 AVENUE, Ste 101	
CITY-ST-ZIP: Miami, FL 33155	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** **8/24/00 (305)740-0141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)