

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090344

1. Entity Name

ESOIL 1-27-45-0050 CORPORATION

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

08-29-2000 90188 015 \*\*\*550.00

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

2. Principal Place of Business

4970 SW 72 AVENUE

3. Mailing Address

4970 SW 72 AVENUE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

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

7. Name and Address of New Registered Agent

ESTEVEZ, ANTHONY J  
2655 S. LEJEUNE RD. STE. PH1-C  
CORAL GABLES FL 33134

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, 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 \$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  
NAME ESTEVEZ, ANTHONY J  
STREET ADDRESS 2655 S. LEJEUNE ROAD STE. PH1-C  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ESTEVEZ, ANTHONY, J ☒ Change ☐ Addition  
STREET ADDRESS 4970 SW 72 AVENUE, Ste 101  
CITY-ST-ZIP Miami, FL 33155

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

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

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

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

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

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00

(305) 740-0141

Daytime Phone #

CR2E034 (5/00)