

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 93591 009 \*\*\*150.00

**DOCUMENT # P97000096688**

1. Entity Name  
**ESTHER'S 103, INC.**

Principal Place of Business

~~4540 NW 7 AVE.  
 MIAMI FL 33127~~

Mailing Address

~~4540 NW 7 AVE.  
 MIAMI FL 33127~~

2. Principal Place of Business

**777 NW 103 ST**

3. Mailing Address

**777 NW 103 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0807520**

Applied For

Not Applicable

Zip

**33150**

Country

**MIAMI-DADE**

Zip

**FL 33150**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SUAREZ, PABLO E  
 4540 NW 7 AVE.  
 MIAMI FL 33127~~

7. Name and Address of New Registered Agent

Name

**TOMAS GIL**

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

**777 NW 103 ST**

**MIAMI, FL**

City

**FL**

Zip Code

**33150**

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 *Pablo E. Suarez* **PABLO E. SUAREZ** *Tomas Gil* **TOMAS GIL** **5/11/02**

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, 2002 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

TITLE **D** ☒ Delete  
 NAME **SUAREZ, PABLO E**  
 STREET ADDRESS **4540 NW 7 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **PABLO E SUAREZ**  
 STREET ADDRESS **791 N W 20 ST**  
 CITY-ST-ZIP **MIAMI, FL 33127**

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Pablo E. Suarez* **PABLO E. SUAREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/11/02 305-325-1660**

Date Daytime Phone #

CP2E034 (9/01)