

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098029

1. Entity Name

ESTATE SALES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90204 024 ***150.00

Principal Place of Business

3400 N.E. 192ND ST
SUITE 1112
AVENTURA FL 33180

Mailing Address

3400 N.E. 192ND ST
SUITE 1112
AVENTURA FL 33180-2456

2. Principal Place of Business

6833 BARBAROSSA ST.

Suite, Apt. #, etc.

3. Mailing Address

6833 BARBAROSSA ST.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FLORIDA

Zip

33433

Country

PALESTINE

Zip

33433

Country

PALESTINE

6. Name and Address of Current Registered Agent

MARTEL, MARTY
3400 NE 192 ST #1112
AVENTURA FL 33180

4. FEI Number

65-0797434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

MARTIN MARTEL

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

6833 BARBAROSSA STREET

City

BOCA RATON

FL

Zip Code

33433

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.

MARTIN MARTEL

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-2000

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

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MARTEL, ROBERTA	
STREET ADDRESS	3400 N.E. 192ND ST	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MARTEL, ROBERTA	
STREET ADDRESS	6833 BARBAROSSA STREET	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTEL, ROBERTA		
STREET ADDRESS	6833 BARBAROSSA STREET		
CITY-ST-ZIP	BOCA RATON, FL 33433		
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			
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-2000

Daytime Phone #

CR2E034 (9/99)