## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am DOCUMENT # P98000031575 Secretary of State 1. Entity Name ROBERTO ESTEVEZ, INC. 05-03-2001 90065 007 \*\*\*150.00 Principal Place of Business Mailing Address 6750 SW 159 PL 6750 SW 159 PL MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0827525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESTEVEZ, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 8365 SW 152ND AVE. #307 MIAMI FL 33193 City · 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Delete ☐ Change ☐ Addition ESTEVEZ, ROBERTO NAME NAME 8365 SW 152ND AVE. #307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** TITLE ☐ Delete TITLE ☐ Change Addition ESTEVEZ, MARISABEL NAME STREET ADDRESS 8365 SW 152ND AVE. #307 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change [ ] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not gualify 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 accused 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 at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OF DIRECTOR

4-26-01

Daytime Phone #