

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048914

1. Entity Name

FREE-ESTIMATES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90084 026 ***150.00

Principal Place of Business

Mailing Address

4900 SW 168TH ST
STE 10
MIAMI FL 33157

16620 SOUTHWEST 102ND AVENUE
MIAMI FL 33157-3118

2. Principal Place of Business

9900 SW 168th ST

3. Mailing Address

9900 SW 168th ST

Suite, Apt. #, etc.

SUITE 10

Suite, Apt. #, etc.

SUITE 10

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0897742

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JAMES E. VILBERG

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

9900 SW 168th ST Suite 10

City

MIAMI

FL

Zip Code

33157

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

JAMES VILBERG *James E. Vilberg*

4-18-00

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	VILBERG, JAMES E	
STREET ADDRESS	16620 SOUTHWEST 102ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
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 CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES VILBERG	
STREET ADDRESS	9900 SW 168th ST Suite 10	
CITY-ST-ZIP	MIAMI FLA 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO VASQUEZ	
STREET ADDRESS	9900 S.W 168th STREET, SUITE 10	
CITY-ST-ZIP	MIAMI FL 33157.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOAIB A. KHAN	
STREET ADDRESS	9900 S.W 168th STREET, SUITE 10	
CITY-ST-ZIP	MIAMI FL 33157.	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James E. Vilberg 4-18-00 305 971 0924

CR2E034 (9/99)