

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000 81791**

1. Entity Name  
**ESTIME FINANCIAL, CORP.**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90050 031 \*\*\*158.75

**00060939**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**17454 SW 79 Court**  
**Miami Florida 33157**

Mailing Address  
**17454 SW 79 Court**  
**Miami Florida 33157**

2. Principal Place of Business  
**17454 SW 79 Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**17454 SW 79 Court**  
Suite, Apt. #, etc.

City & State  
**Miami Florida**

Zip **33157** Country **USA**

City & State  
**Miami Florida**

Zip **33157** Country **USA**

4. FEI Number  
**65-0842492**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**Gilbert Estime**  
**17454 SW 79 Court**  
**Miami Florida 33157**

## 7. Name and Address of New Registered Agent

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 **Gilbert Estime**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required When Restating)

DATE **5/15/2000**

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. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Gilbert Estime</b>	
STREET ADDRESS <b>17454 SW 79 Court</b>	
CITY-ST-ZIP <b>Miami FL 33157</b>	
TITLE <b>Vice-President</b>	<input type="checkbox"/> Delete
NAME <b>Claudine M. Estime</b>	
STREET ADDRESS <b>17454 SW 79 Court</b>	
CITY-ST-ZIP <b>Miami FL 33157</b>	
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	<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 19.07(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: **Gilbert Estime - President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(800) 941 3462**