## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2001 8:00 am Secretary of State

Daytime Phone #

<b>DOCUMENT</b> # P98000093540  1. Entity Name				<b>V</b>		05-22-2001 90632 048 ***150.00	
CM ESTA	ATES INC.						
75 VALI		Mailing Address 75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134			4	Ç00693 <b>5</b> 3	
2. Principal P SEE AB(	Place of Business	3. Mailing Address SEE ABOVE			_		
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State	е	City & State				El Number   Applied For   -1025980   Not Applicable	
Zip	Country	Country Zip		untry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	l		7. Na	ame and Address of New Registered Agent	
601 BR	PENA, VILLANUEVA ICKELL KEY DRIVE FL 33131	& BAJANDAS	ĻLP		is (P.O.) ENCI	LANUEVA  Box Number is Not Acceptable) A AVENUE, 4TH FLOOR  JES, FL 3Zip Code	
9. This corpor	Signature, typed or printed name of registration is eligible to satisfy its Intangit aquirement and elects to do so.	tered agent and title if applicable	e. III FEE	(NOTE: Registere	d Agent s 00 State	4/30/01  ignature required when reinstating)  10. Election Campaign Financing Trust Fund Contribution.  Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDIT	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOCCHETTI, STEL 601 BRICKELL KEY D MIAMI, FL 33131	X Delete LA RIVE, STE 705	nam Stri	E N EET ADDRESS 7	10CC 15 V	Change   Addition   Change   Addition   Change   Addition   Change   Chan	
TITLE NAME	S X Delete CITARA, CARLOS			E C	CITARA, CARLOS 75 VALENCIA AVENUE, 4TH FL. CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Z Delete BAJANDAS, RICARDO 601 BRICKELL KEY DRIVE, STE 705 MIAMI, FL 33131		NAM STR	STREET ADDRESS 75		ANUEVA, CARLOS ALENCIA AVENUE, 4TH FL. L GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete		ľ		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Dekete		Ł .		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	CITY	IE EET ADDRESS / - ST - ZIP		Change Addition	
information officer or d in Block 11	n indicated on this report or supplem	nental report is true and acc siver or trustee empowered sachment with an address, v	urate an to execu vith all o	id that my signa ite this report as	ture sha require rered.	tion 119.07(3)(i), Florida Statutes. I further certify that the II have the same legal effect as if made under oath; that I am an d by Chapter 607, Florida Statutes; and that my name appears  VA 4/30/01 305-377-0812	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR