

2002 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 31, 2002 8:00 am
Secretary of State

06-10-2002 90464 022 ***150.00
 07-31-2002 90102 023 ***400.00

DOCUMENT # P98000098806

1. Entity Name
A & N ESTEVES ENTERPRISES, INC.

B0132876

Principal Place of Business
~~326 COOLIDGE ST~~ **326 Coolidge St**
~~#333-S~~ **Hollywood, FL**
~~BAL HARBOUR FL 33154~~ **33019**

Mailing Address
11690 CANAL DRIVE
NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
326 Coolidge St

3. Mailing Address
11690 Canal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
North Miami, FL

4. FEI Number **65-0877108**

Applied For
 Not Applicable

Zip Country
33019

Zip Country
33181

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

~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

~~ESTEVES, ALFREDO~~
~~10275 COLLINS AVE.~~
~~#333-S~~
~~BAL HARBOUR FL 33154~~

11690 Canal Drive
North Miami, FL
33181

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **ESTEVES, ALFREDO**
 STREET ADDRESS **10275 COLLINS AVE., #333-S**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**
11690 Canal Dr. N. Miami, FL 33181

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VP** Delete
 NAME **ESTEVES, NANCY**
 STREET ADDRESS **10275 COLLINS AVE., #333-S**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**
11690 Canal Dr. North Miami FL 33181

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
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 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
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TITLE _____ Delete
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 CITY-ST-ZIP _____

TITLE _____ Change 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

JANE 6-02 (954)260-8573
 Date Daytime Phone #

CR2E034 (9/01)