

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90070 024 \*\*\*150.00

0216716

**DOCUMENT # S64796**

1. Entity Name  
**ESMERALDA INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**6839 S.W. 114 PL. #D MIAMI FL 33173** **6839 S.W. 114 PL. #D MIAMI FL 33173**

**C0041927**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **11239 SW 63 TR.** 3. Mailing Address **11239 SW 63 TR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **MIAMI FL** City & State **MIAMI FL**

4. FEI Number **65-0276911** Applied For Not Applicable

Zip **33173** Country Zip **33173** Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SORIA, ANA B**  
**6537 S.W. 116 PL. #B**  
**MIAMI FL 33173**

7. Name and Address of New Registered Agent  
 Name **SORIA, ANA B.**  
 Street Address (P.O. Box Number is Not Acceptable) **1410 SW 147 CT.**  
 City **MIAMI** FL Zip Code **33193**

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLOSAS, CARLOS A</b> <b>6839 SW 114TH PL #D</b> <b>MIAMI FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLOSAS, CARLOS A.</b> <b>11239 SW 63 TR.</b> <b>MIAMI FL, 33173</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carlos Closas* **Carlos Closas** April 02, 2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)