

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000425

1. Entity Name
N.A. TRISTAR CORPORATION

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90017 016 ***150.00

Principal Place of Business
105 S. ST. MARY'S ST
1800
SAN ANTONIO TX 78205
US

Mailing Address
105 S. ST. MARY'S ST
1800
SAN ANTONIO TX 78205
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3129318** Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) *not checked*

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	DPCO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RICHARD		NAME		
STREET ADDRESS	105 S. ST. MARY'S ST, STE 1800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78205		CITY-ST-ZIP		
TITLE	VCOT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLA, RICHARD M		NAME		
STREET ADDRESS	105 S. ST. MARY'S ST., STE 1800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78205		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETH, JAY		NAME		
STREET ADDRESS	105 S. ST. MARY'S ST., STE 1800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78205		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETH, VIREN		NAME		
STREET ADDRESS	105 S. ST. MARY'S ST., STE 1800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78205		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	B.J. Harid	
STREET ADDRESS			STREET ADDRESS	105 S. St. Mary's St., Suite 1800	
CITY-ST-ZIP			CITY-ST-ZIP	San Antonio, Tx 78205	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Robert Lerman	
STREET ADDRESS			STREET ADDRESS	651 Day Hill Rd. P.O. Box 40	
CITY-ST-ZIP			CITY-ST-ZIP	Windsor, Ct. 06095	

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: *John Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 (210)402-2200
Date Daytime Phone #

CR2E034 (10/00)