

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002734

1. Entity Name

MIDWAY GROUP LC

Principal Place of Business

1220 NORTH MARKET STREET, STE 606
WILMINGTON DE 19801

Mailing Address

1220 NORTH MARKET STREET, STE 606
WILMINGTON DE 19801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Florida Filing & Search Services, Inc
Street Address (P.O. Box Number is Not Acceptable)

1333 N. Duval St

City

Tallahassee

FL

Zip Code

32303

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MBR - Manager ☐ Delete
STREET ADDRESS SATURN INVESTMENT GROUP, S.A.
CITY-ST-ZIP STE 302, E BLDG NO34/20, CUBA AVE & 34TH ST. PANAMA CITY 5, PANAMA

TITLE NAME MBR - Manager ☐ Delete
STREET ADDRESS STAR GROUP FINANCE AND HOLDINGS, INC.
CITY-ST-ZIP STE 302, E BLDG NO34/20, CUBA AVE & 34TH ST. PANAMA CITY 5, PANAMA

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004467761--4
CITY-ST-ZIP -07/10/01--01070--003
*****850.00 *****50.00

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

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

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

11. I hereby certify that the information supplied on 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

RENE ALVAREZ GARCIA, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-08-2001

Date

Daytime Phone #

APPROVED
AND
FILED

01 JUL 10 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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