

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90024 013 ***150.00

0481876

DOCUMENT # P00000060820

1. Entity Name
LEW STAR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1007 GOLF SIDE CT. 1007 GOLF SIDE CT.
KISSIMMEE FL 34741 KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6560 SWISSCO DR P.O. BOX 621512
 Suite, Apt. #, etc. Suite, Apt. #, etc.
325
 City & State City & State
ORLANDO FLORIDA ORLANDO FLORIDA
 Zip Country Zip Country
32822 ORANGE 32867-1512 ORANGE

4. FEI Number Applied For
59-3653647 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
FINANCIAL FOUNDATIONS, INC. Name **PAMELA STARKEY**
3150 SANDY RIDGE DRIVE Street Address (P.O. Box Number is Not Acceptable) **6560 SWISSCO DRIVE # 325**
CLEARWATER FL 33761 City **ORLANDO, FL** Zip Code **32822**

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 *Pamela Starkey* DATE 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P LEWIS, PAMELA J 1007 GOLF SIDE CT. KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAMELA STARKEY 6560 SWISSCO DR # 325 ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pamela Starkey* DATE 4-30-01 DAYTIME PHONE # 407 721-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)