

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060820

1. Entity Name  
**LEW STAR INTERNATIONAL, INC.**

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

Mailing Address  
1007 GOLF SIDE CT.  
KISSIMMEE FL 34741

2. Principal Place of Business  
6560 SWISSCO DR  
Suite, Apt. #, etc.  
# 325

3. Mailing Address  
P.O. BOX 621512  
Suite, Apt. #, etc.

City & State  
ORLANDO FLORIDA  
Zip  
32822

City & State  
ORLANDO FLORIDA  
Zip  
32862-1512

4. FEI Number  
59-3653647

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761

## 7. Name and Address of New Registered Agent

Name  
PAMELA STARKEY  
Street Address (P.O. Box Number is Not Acceptable)  
6560 SWISSCO DRIVE # 325  
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)

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, 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

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4-30-01

DAYTIME PHONE #  
407 721-2454

DATE

DAYTIME PHONE #

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

05-15-2001 90024 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)