5/23/

FILED
Jun 20, 2001 8:00 am
Secretary of State
05-23-2001 90230 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092487

1. Entity Name
LOCKHART INTERNATIONAL BUSINESS, CORP

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021 U.S.A	

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1100666 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A.
3440 HOLLYWOOD BLVD
SUITE 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
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 [signature] LEONARDO A. ROTH ESQ 5-3-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D.P.T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURSZTYN, CLAUDIO J.	NAME	
STREET ADDRESS	ALTE FJ SEGUI 1657 1416 BUENOS AIRES	STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	CITY-ST-ZIP	
TITLE	D.V.S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURSZTYN, JULIA SARA	NAME	
STREET ADDRESS	ALTE FJ SEGUI 1657	STREET ADDRESS	
CITY-ST-ZIP	1416 BUENOS AIRES, ARGENTINA	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] BURSZTYN, CLAUDIO (D.P.T) 5-3-01 954-322-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #