

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90113 043 ***150.00

DOCUMENT # P00000104304

1. Entity Name
ESTRELLA INVESTMENTS, INC.



Principal Place of Business
C/O SERBER & ASSOCIATES, P.A.
TURNBERRY PLAZA #801 2875 N.E. 191TH ST.
AVENTURA FL 33180

Mailing Address
C/O SERBER & ASSOCIATES, P.A.
TURNBERRY PLAZA #801 2875 N.E. 191TH ST.
AVENTURA FL 33180

2. Principal Place of Business

19111 Collins Ave.

3. Mailing Address

19111 Collins Ave

Suite, Apt. #, etc.

Apt. 2402

Suite, Apt. #, etc.

Apt. 2402

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMUI, ESTRELLA

2875 N.E. 191TH STREET, SUITE 801

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Estrella Hamui

Street Address (P.O. Box Number is Not Acceptable)

19111 Collins Ave, Apt. 2402

Sunny Isles Beach

City

FL

Zip Code

33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Estrella Hamui**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-20-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAMUI, ESTRELLA**
CITY-ST-ZIP **2875 NE 191 ST., SUITE 801
AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Estrella Hamui**
STREET ADDRESS **19111 Collins Ave, Apt. 2402**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03-20-03

305 495 7276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)