

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90766 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114286

1. Entity Name  
**COPYSTAR INTERNATIONAL INC.**



Principal Place of Business  
~~1840 W. 49TH ST., SUITE 404~~  
~~HALEAH, FL 33012~~

Mailing Address  
~~1840 W. 49TH ST., SUITE 404~~  
~~HALEAH, FL 33012~~

90117802



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1200 NW 78 AVENUE**  
Suite, Apt. #, etc.  
**216**

3. Mailing Address  
**1200 NW 78 AVENUE**  
Suite, Apt. #, etc.  
**216**

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**65-1068122**

Applied For  
Not Applicable

Zip  
**33126**

Country

Zip  
**33126**

Country

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

**ESTRELLA, EDISSON**  
~~1840 W. 49TH ST., SUITE 404~~  
~~HALEAH, FL 33012~~

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

SIGNATURE *Edison Estrella*

**EDISSON ESTRELLA**

**4/13/03**

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ESTRELLA, EDISSON**  
**15325 SW 36TH TERR.**  
**MIAMI, FL 33185**

☐ Delete

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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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDISSON ESTRELLA**  
**DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)