

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90054 042 \*\*\*150.00

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

DOCUMENT # P01000070559

1. Entity Name

ESTRELLA FINANCIAL SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6042 WAUCONDA WAY EAST

Suite, Apt. #, etc.

3. Mailing Address

6042 WAUCONDA WAY EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

4. FEI Number

65-1140205

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LUZ TOVAR

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

6042 WAUCONDA WAY EAST

City

LAKE WORTH

FL

Zip Code  
33463

**DO NOT WRITE  
IN THIS SPACE**

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, 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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PVST  
LUZ LETICIA COLLAZOS TOVAR  
6042 WAUCONDA WAY EAST  
LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
LUZ LETICIA COLLAZOS TOVAR  
6042 WAUCONDA WAY EAST  
LAKE WORTH, FL 33463

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. **LUZ LETICIA COLLAZOS TOVAR, PRES.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/01)