

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90971 016 ***150.00

DOCUMENT # P01000087534

1. Entity Name
CITYSTAR CORPORATION



Principal Place of Business
12147 S.O.B.T.
ORLANDO FL 32837

Mailing Address
12147 S.O.B.T.
ORLANDO FL 32837



2. Principal Place of Business

2500 N. UNIVERSITY DR.

3. Mailing Address

2500 N. UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 13

Suite, Apt. #, etc.

SUITE 13

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

59-3744738

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALAZAR, IVAN A
9753 S. ORANGE BLOSSOM TRAIL
STE. 202
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name **FELIX GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable)
1530 NESTLEWOOD TRAIL

City

Orlando

FL

Zip Code

32837

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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 **SD** ☐ Delete
NAME **GONZALEZ, CARMEN**
STREET ADDRESS **1530 NESTLEWOOD TRAIL**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PD** ☐ Delete
NAME **GONZALEZ, FELIX A**
STREET ADDRESS **1530 NESTLEWOOD TRAIL**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **T** ☐ Delete
NAME **CESTERO, TRINIDAD**
STREET ADDRESS **1530 NESTLEWOOD TRAIL**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 (321) 303-7200

Date

Daytime Phone #

CR2E034 (10/02)