03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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02-10-2003 90438 033 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100294

1. Entity Name
LOANSTAR MORTGAGE & INVESTMENTS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4808 W. COMMERICIAL BLVD	4808 W. COMMERCIAL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33319 Country: BROWARD	Zip: 33319 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 31-1806262 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Bell

Street Address (P.O. Box Number is Not Acceptable): 4808 W. Commercial Blvd

City: Tamarac FL Zip Code: 33319

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: Michael Bell, President DATE: 02/05/03

Registered Agent signature required when reinstated

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DP
NAME	BELL, MICHAEL O.
STREET ADDRESS	~~3361 NW 47TH TERRACE #1-219~~ 4808 W. Comercial Blvd
CITY-ST-ZIP	~~LAUDERDALE LAKES, FL 33319~~ Tamarac, FL 333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL O. BELL, PRES 02/05/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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