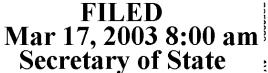
## 2003 FOR PROFIT CORPORATION ÜNIFORM BUSINESS REPORT (UBR) P02000086849 **DOCUMENT #** 1. Entity Name

ESTRELLA CORP.



\*\*150.00

03-17-2003 90148 012 *
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Mailing Address Principal Place of Business 6246 SW 8TH ST 6246 SW 8TH ST MIAMI FL 33144 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 50-0007690 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINEIRO, ARTURO Street Address (P.O. Box Number is Not Acceptable) 6246 SW 8TH ST **MIAMI FL 33144** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. X Change ☐ Addition Delete TITLE 1400 S.W. 16 12 Court TITLE NAME AZMEER, MOHAMMAD NAME STREET ADDRESS 6246 SW 8TH ST STREET ADDRESS 412mi FL 33145 CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP Change ☐ Addition ☑ Delete TITLE TITLE SIDORA ARROYIGA ISLAM, MOHAMMAD NAME NAME STREET ADDRESS 6246 SW 8TH ST STREET ADDRESS 33145 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Change Addition Delete TITLE TITLE NAME HOQUE, MOHAMMAD NAME STREET ADDRESS STREET ADDRESS |6246 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address with all other like empowered

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Daytime Phone #