

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003770

1. Entity Name

LEXSTAR (GALLERIA), INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90132 006 ***150.00

Principal Place of Business

Mailing Address

701 BRICKELL AVE
STE 1600
MIAMI FL 33131
US

701 BRICKELL AVE
STE 1600
MIAMI FL 33131-2852
US

2. Principal Place of Business

1200 Brickell Avenue

3. Mailing Address

1200 Brickell Avenue

Suite, Apt. #, etc.

19th Floor

Suite, Apt. #, etc.

19th Floor

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0407112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLESTAR MANAGEMENT CORP.
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408
BOCA RATON FL 33487

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BLANCHARD, JEAN
C/RODRIGUEZ MARIN, 92
28016 MADRID SP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LAVALIE, JOSEPH
6001 BROKEN SOUND PKWY NW SUITE 408
BOCA RATON FL ☒ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2000

Date

Daytime Phone #

CR2E034 (9/99)