

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**  
 04-25-2000 90013 042 \*\*\*150.00

**DOCUMENT # P96000058073**

1. Entity Name  
**G-STAR INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**201 SOUTH BISCAYNE BLVD. #1920** **201 SOUTH BISCAYNE BLVD. #1920**  
**MIAMI FL 33131** **MIAMI FL 33131-4329**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**34th Floor** **34th Floor**

City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0688416** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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. ☐ **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                      | <b>PSTD</b>                               | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>OTERO, CARLOS J</b>                    |                                 | NAME  |  |                                   |
| STREET ADDRESS             | <b>C/O 201 SOUTH BISCAYNE BLVD. #1920</b> |                                 | STREET ADDRESS  | <b>34th floor</b>                          |                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33131</b>                     |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |   |                                 | NAME  |  |                                   |
| STREET ADDRESS             |   |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                |   |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |   |                                 | NAME  |  |                                   |
| STREET ADDRESS             |   |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                |   |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |   |                                 | NAME  |  |                                   |
| STREET ADDRESS             |   |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                |   |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |   |                                 | NAME  |  |                                   |
| STREET ADDRESS             |   |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                |   |                                 | CITY-ST-ZIP   |  |                                   |

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]** Date **4/18/2000** Daytime Phone # \_\_\_\_\_