

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90068 028 ***150.00

BC100594

DO NOT WRITE IN THIS SPACE

DOCUMENT # P91000065892
Entity Name
 Lone Star Distributors, Inc

Principal Place of Business 150 W 16 Ave #306
 Hialeah FL 33012
Mailing Address 3750 W 16 Ave #306
 Hialeah FL 33012

Principal Place of Business 140 W 80 St
 Suite, Apt. #, etc. #6
 City & State Hialeah FL 33016
 Zip 33016 Country US
3. Mailing Address 256 NW 42 Ave
 Suite, Apt. #, etc.
 City & State Miami FL
 Zip 33126 Country US

4. FEI Number 05-0773875
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Amerilauxer Chartered
 343 Almeria Ave.
 Coral Gables FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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]
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS

Amerilauxer Chartered 343 Almeria Ave. Coral Gables FL 33134 <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
ST-ZIP	<input type="checkbox"/> Delete
ST-ZIP	<input type="checkbox"/> Delete
ST-ZIP	<input type="checkbox"/> Delete
ST-ZIP	<input type="checkbox"/> Delete
ST-ZIP	<input type="checkbox"/> Delete
ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (9/99)