

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073656

1. Entity Name

WEST STAR INTERNATIONAL, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90386 002 ***150.00

Principal Place of Business

16520 S TAMiami TrL
#23
FT. MYERS FL 33908

Mailing Address

16520 S TAMiami TrL
#23
FT. MYERS FL 33908-4521

2. Principal Place of Business

2015 El Dorado PKWY
Suite, Apt. #, etc.

3. Mailing Address

2015 El Dorado PKWY
Suite, Apt. #, etc.

City & State

Cape Coral, FL
33914

Country

City & State

Cape Coral, FL
33914

Country

4. FEI Number

65-0776854

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSUPEIT, TORSTEN
222 SW 42ND ST
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name: Torsten Josupeit
Street Address (P.O. Box Number is Not Acceptable): 2015 El Dorado PKWY
City: Cape Coral FL Zip Code: 33914

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

Torsten Josupeit

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

TITLE: D
NAME: JOSUPEIT, TORSTEN
STREET ADDRESS: 222 SW 42ND ST
CITY-ST-ZIP: CAPE CORAL FL 33914 ☒ Delete

TITLE: D
NAME: Josupeit, Torsten
STREET ADDRESS: 2015 El Dorado PKWY
CITY-ST-ZIP: Cape Coral, FL 33914 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Torsten Josupeit D 4/26/00 9413702321