

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **9980000104266**

1. Entity Name

Halcon Star, Inc

FILED

02 APR 29 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7224 NW 21 ST

Suite, Apt. #, etc.

3. Mailing Address

7224 NW 21 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

05-0881443

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

Country

33122

Zip

Country

33122

7. Name and Address of Current Registered Agent

Name

OSCAR SILVA

Street Address (P.O. Box Number is Not Acceptable)

6917 NW 77 ave

City

Miami

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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

Oscar Silva

(NOT: Registered Agent Signature (required when re-appointing))

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT/D
OSCAR SILVA
7224 NW 21 ST.
Miami, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V/S/D
LUIS MARTINEZ
7224 NW 21 ST.
Miami, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

MACLON STAR, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .



CORDIALLY
OSCAR SILVA
PRESIDENT