

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053462

1. Entity Name

TELSTAR DISTRIBUTORS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90074 008 \*\*\*150.00

Principal Place of Business

20355 NE 34TH COURT STE 2325  
MIAMI FL 33180

Mailing Address

20355 NE 34TH COURT STE 2325  
MIAMI FL 33180-3315

2. Principal Place of Business

19370 Collins Ave

3. Mailing Address

19370 Collins Ave

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0924739

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

NEEDELMAN, LEONARD  
20355 NE 34TH COURT STE 2325  
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

LEONARD NEEDELMAN

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

19370 Collins Ave #306

City

MIAMI

FL

Zip Code

33160

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NEEDELMAN, LEONARD	
STREET ADDRESS	20355 NE 34TH COURT STE 2325	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDELMAN, LEONARD	
STREET ADDRESS	19370 COLLINS AVE STE 306	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE LANG	
STREET ADDRESS	20428 NE 10th Ct. Rd	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LEONARD NEEDELMAN

3-1-00

Date

305 705 0521

Daytime Phone #

CR2E034 (9/99)