

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064551

1. Entity Name

TRI-STARR MORTGAGE AND FINANCIAL SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90469 032 \*\*\*150.00

Principal Place of Business

Mailing Address

5921 HOLLYWOOD BLVD. SUITE ONE  
HOLLYWOOD FL 33021

5921 HOLLYWOOD BLVD. SUITE ONE  
HOLLYWOOD FL 33021-6328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941362.

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINTON-DAVIS, BEVERLEY A ESQ.  
5921 HOLLYWOOD BLVD. SUITE ONE  
HOLLYWOOD FL 33021

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME POTTINGER, YASMIN  
STREET ADDRESS 1525 FAIRWAY ROAD  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE C/VPT ☒ Change ☐ Addition  
NAME YASMIN POTTINGER  
STREET ADDRESS 1525 FAIRWAY ROAD  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE VD ☒ Delete  
NAME GRANT, ARCHIBALD  
STREET ADDRESS 16765 N.W. 14TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

TITLE SD ☐ Delete  
NAME MCKREITH, DEYON  
STREET ADDRESS 17600 N.W. 32ND AVENUE  
CITY-ST-ZIP MIAMI FL 33055

TITLE P/S ☒ Change ☐ Addition  
NAME MCKREITH, DEYON  
STREET ADDRESS 2470 SW 85th Avenue  
CITY-ST-ZIP Miramar, FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Yasmin Pottinger* **YASMIN POTTINGER** 4/24/00 (954) 981-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)