## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

## FILED DOCUMENT # **P99000076251** May 02, 2000 8:00 am Secretary of State 1. Entity Name KYOSTAR, INC. 05-02-2000 90045 021 \*\*\*150.00 Principal Place of Business Mailing Address 7564 S.W. 157TH COURT 7564 S.W. 157TH COURT MIAMI FL 33193-3302 MIAMI FL 33193 V TO J / J 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0953214 City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UYEMA, PABLO Street Address (P.O. Box Number is Not Acceptable) 7564 S.W. 157TH COURT MIAMI FL 33193 Zip Code FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. n/2/5 Change ☐ Addition ☐ Delete TITLE TITLE UYEMA, PABLO NAME NAME STREET ADDRESS STREET ADDRESS 7564 S.W. 157TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change | ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR