## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P9900076251 KYOSTAR, INC. 04-16-2001 90051 042 \*\*\*150.00 Principal Place of Business Mailing Address 7564 S.W. 157TH COURT 7564 S.W. 157TH COURT MIAMI FL 33193 MIAMI FL 33193 3. Mailing Address 2. Principal Place of Business 2864 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0953214.--11 A MI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PABLO UYEMA, PABLO Street Address (P.O. Box Number is Not Acceptable) 7564 S.W. 157TH COURT **MIAMI FL 33193** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. Change Delete TITLE Addition TITLE PABLO UYEMA UYEMA, PABLO NAME NAME SN 60th TER 7564 S.W. 157TH COURT STREET ADDRESS STREET ADDRESS 12864 **MIAMI FL 33193** CITY-ST-ZIP CITY-ST-ZIP Miani ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT1 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR