

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 013 ***150.00

DOCUMENT # P99000076251

1. Entity Name
KYOSTAR, INC.



Principal Place of Business
**7255 NW 68TH STREET
SUITE #15
MIAMI, FL 33166**

Mailing Address
**8725 SW 152ND AVE
APT 319
MIAMI, FL 33193**

2. Principal Place of Business
13431 SW 65th LN
Suite, Apt. #, etc.

3. Mailing Address
13431 SW 65th LN
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI

City & State
MIAMI

4. FEI Number
65-0953214

Applied For
☐ Not Applicable

Zip
33183

Country
USA

Zip
33183

Country
USA

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

**UYEMA, PABLO
8725 SW 152ND AVE
MIAMI, FL 33193**

Name
UYEMA PABLO

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

13431 SW 65th LN

City
MIAMI

FL

Zip Code
33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when amending.)

DATE

04/24/2003

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
UYEMA, PABLO
8725 SW 152ND AVE
MIAMI, FL 33193** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
UYEMA PABLO
13431 SW 65th LN
MIAMI FL 33183** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2003

Date

305.968-0789

Daytime Phone #

OR2034 (10/02)