

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000079318

1. Entity Name

LONE STAR INVESTMENTS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90090 017 ***150.00

Principal Place of Business

Mailing Address

768 PATRICK DR.
WEST PALM BEACH, FL 33406

C0043134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1970 CORSICA DR.

Suite, Apt. #, etc.

3. Mailing Address

1970 CORSICA DR.

Suite, Apt. #, etc.

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA

4. FEI Number

65-0946476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVARO BOLIVAR
768 PATRICK DR.
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name
ALVARO BOLIVAR

Street Address (P.O. Box Number is Not Acceptable)
1970 CORSICA DR.

City
WELLINGTON

FL

Zip Code
33414

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALVARO BOLIVAR
1970 CORSICA DR.
WELLINGTON, FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)