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

## **DOCUMENT#** 1. Entity Name STAR-DAVID CAB, INC.

## **FILED** Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90056 025 \*\*\*150.00

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2. Principal Place of Busi	Deec	3. Mailing Address									
2315 N.E. 19		SAME									
Suite, Apt. #, etc.	) - OIMOTREE	Suite, Apt. #, etc.		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE						
City & State	·	City & State		4. FEI Number	Applied For						
	DEAGU ELODIC			65-0166770	Not Applicable						
Zip	BEACH, FLORII	Zip	Country	5. Certificate of Status Desired X	\$8.75 Additional Fee Required						
33180-	UUSHAA		Kinastan dahatsa mas	7. Name and Address of Current Registe							
			Name	7. Name and Address of Current Registe	red Agent						
	NAMATIN	DITE		AK BACHAR, P.A.	ļ						
and the second s		RII E	Street Addres	ss (R.O. Box Number is Not Acceptable)							
1	N THIS SP	MCE	1400	N.E. MIAMI GARDENS	_DRIVE						
			СПТ	mr# 210							
The state of the s	W Martin programmer		City SU1	TE# 219	Zip Code 1						
			NOR	TH MAIMI BEACH	33179						
<ol><li>The above named entit the obligations of regis</li></ol>		the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I ar	m familiar with, and accept						
the obligations of regis	itered agent				,						
0.0.4.			w/	- L Com	3/19/03						
SIGNATURESignature, typed	d or winted name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	pired when reinstating) DATI	<del>                                      </del>						
المر January 1	ay 1 Fee is \$450.00										
After May	1, Fee is \$950.00 1 UBR is \$61.25			9. Election Campaign Financing	\$5.00 May Be						
Amended Make Check Payable to	t UBR is 661.25 Florida Department of	State	1	Trust Fund Contribution.	☐ Added to Fees						
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered

SIGNATURE: