


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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90056 025 \*\*\*150.00

DOCUMENT # *K12565*

1. Entity Name  
STAR-DAVID CAB, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2315 N.E. 194th STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NORTH MIAMI BEACH, FLORIDA

City & State

Zip Country  
33180- UNSEA

4. FEI Number  
65-0166770

Applied For  
Not Applicable

5. Certificate of Status Desired   **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ITZHAK BACHAR, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1400 N.E. MIAMI GARDENS DRIVE

SUITE# 219

City NORTH MAIMI BEACH FL Zip Code 1 33179

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *03/19/03*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$250.00  
Amended UBR is \$61.25  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President / Director / Secretary ROZA BACHAR 2315 NE 194th street. North Miami Beach, FL 33180</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vice President / Director SHARON BACHAR 2315 NE 194th street North Miami Beach, FL 33180</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *03/19/03* (305) 935584 Daytime Phone #

CR2E034B (12/02)