FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90292 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062122

90066785

1. Entity Name
BRITTANY STAR, INC.

Principal Place of Business	Mailing Address
3155 NE 184TH ST., STE. 8106 AVENTURA, FL 33160	3155 NE 184TH ST., STE. 8106 AVENTURA, FL 33160

2. Principal Place of Business	3. Mailing Address
3435 NE 210th Street	3435 NE 210th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: U.S.	Zip: 33180 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1025012 ☐ Applied For ☐ Not Applicable

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
SOCOL, BRITTANY 3155 NE 184TH ST., STE. 8106 AVENTURA, FL 33160	Name: Brittany Socol Street Address (P.O. Box Number Is Not Acceptable): 3435 NE 210th Street City: Aventura FL Zip Code: 33180

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: Brittany Socol — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/15/03

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: PD NAME: SOCOL, BRITTANY STREET ADDRESS: 3155 NE 184TH ST., STE. 8106 CITY-ST-ZIP: AVENTURA, FL 33160	☐ Delete	TITLE: PD NAME: Brittany Socol STREET ADDRESS: 3435 NE 210th Street CITY-ST-ZIP: Aventura, FL 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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CR2E034 (10/02)

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: Brittany Socol — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/15/03 Daytime Phone #