

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102527**

1. Entity Name  
**14STAR CORPORATION**

Principal Place of Business  
 402 SIR TOPAZ LN S  
 LAKE MARY FL 32714

Mailing Address  
 402 SIR TOPAZ LN S  
 LAKE MARY FL 32714

2. Principal Place of Business  
 910 SR 434N

3. Mailing Address  
 910 SR 434N

Suite, Apt. #, etc.  
 S18

Suite, Apt. #, etc.  
 S18

City & State  
 ALTAMONTE SPRINGS FL

City & State  
 ALTAMONTE SPRINGS FL

Zip  
 32714

Country

Zip  
 32714

Country

4. FEI Number  
**59-3679153**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PATEL PRABODH CESQ**  
 815 ORIENTA AVE, STE 6  
 ALTAMONTE SPRINGS FL 32701  
 US

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **AA**

**04/25/2001**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE T  Delete  
 NAME KASSAMALLY FATIMA  
 STREET ADDRESS 402 SIR TOPAZ LN S  
 CITY-ST-ZIP LAKE MARY FL 32714

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PDS  Delete  
 NAME KASSAMALLY SHAKIR  
 STREET ADDRESS 402 SIR TOPAZ LN S  
 CITY-ST-ZIP LAKE MARY FL 32714

TITLE MR  Change  Addition  
 NAME HANSRAJ IMTIAZ  
 STREET ADDRESS 910 SR 434N SUITE S18,  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: **IMTIAZ HANSRAJ**

MR 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)