

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90150 008 ***150.00

DOCUMENT # P02000061366

1. Entity Name
STAR MULTI SERVICES CORP.



Principal Place of Business
16617 NORWEST 73RD AVENUE
MIAMI LAKES FL 33014

Mailing Address
16617 NORWEST 73RD AVENUE
MIAMI LAKES FL 33014



2. Principal Place of Business
x 9581 Fontaine Bleu Blvd

3. Mailing Address
x 9581 Fontaine Bleu Blvd

Suite, Apt. #, etc.
x Suite # 501

Suite, Apt. #, etc.
x Suite # 501

City & State
x Miami, FL

City & State
x Miami, FL

Zip Country
x 33172 USA

Zip Country
x 33172 USA

4. FEI Number
04-3682643

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Carlos J. Jaramillo
Street Address (P.O. Box Number is Not Acceptable)
9581 Fontaine Bleu Blvd Suite #501
City Miami FL Zip Code 33172

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 Carlos J. Jaramillo

04/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARAMILLO, CARLOS 16617 NORWEST 73RD AVENUE MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JARAMILLO, JAVIER 16617 NORWEST 73RD AVENUE MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDERRAMA, MARIA C 16617 NORWEST 73RD AVENUE MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSERES, MARIA P 16617 NORWEST 73RD AVENUE MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARAMILLO, CARLOS J. 9581 FONTAINE BLEAU BLVD, SUITE 501 Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JARAMILLO, JAVIER 9581 FONTAINE BLEAU BLVD, SUITE 501 MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDERRAMA, MARIA C. 9581 FONTAINE BLEAU BLVD, SUITE 501 MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDERRAMA, MARIA C. 9581 FONTAINE BLEAU BLVD, SUITE 501 MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: x PDIGCARLOS J. JARAMILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PH: 786-357-2644

04/21/03

CR2E034 (10/02)