

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90067 005 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000047464**

1. Entity Name  
**STAR CLEANING & MAINTENANCE SERVICES, CORP.**

Principal Place of Business  
 4288 NW 4 ST  
 MIAMI, FL 33126 US

Mailing Address  
 P.O. BOX 520660  
 MIAMI, FL 33265-2938 US

2. Principal Place of Business  
 Suite, Apt. #, etc. *SAME*

3. Mailing Address  
 Suite, Apt. #, etc. *MIAMI FLORIDA*

City & State  
 City *MIAMI* State *FLORIDA*

Zip  
 Zip *33157-0660*

4. FEI Number **65-0810891** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**KOSTOVSKI, LLUBISA**  
 4288 NW 4 ST  
 MIAMI, FL 33126

7. Name and Address of New Registered Agent  
 Name *SAME*  
 Street Address (P.O. Box Number is Not Allowed) *SAME*  
 City *SAME* State **FL** Zip Code *SAME*

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]* DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2003 Fee will be \$500.00  
 Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GUTIERREZ, OSCAR<br>4288 NW 4 ST<br>MIAMI, FL 33126   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KOSTOVSKI, LLUBISA<br>4288 NW 4 ST<br>MIAMI, FL 33126 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(1), 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 another life empowered.

SIGNATURE: *[Signature]* 305 8158311 9/4  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *AM/PM*

*\$158.75*

*P.O. Box 520660*



CHECK HERE IF MAKING CHANGES

Applied For  Not Applicable

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Street Address (P.O. Box Number is Not Allowed)

City State Zip Code

FL

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CRREC034 (10/02)