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

# DOCUMENT #

P98000014203

SIGNATURE:

STAR VALET PARKING & TRANSPORTATION, INC.



# FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90238 003 \*\*\*150.00

Suite, Apt. 6, etc.    Suite, Apt. 6, etc.	Principal Plac 7940 GLADES BOCA RATON		Mailing Address 7940 GLADES RD BOCA RATON FL 33434						
City & State    City & State   City & City & State	2. Principal P	3. Mailing Address	اعاد العين يودر مح		1 FORTON TO 1919 HALL BEHA BEHA BALIK BALIK BALIK HALL HALL BALIK BALIK HALL BALIK HALL BALIK HALL BALIK HALL B				
Zip Country Zip Country S. Certificate of Status Desireo   \$8.75 Apoliticals of Status Desireo   \$7. Name and Address of New Registered Apent   \$7. Name and Address	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
SAKIZL, SUALP 7940 GLADES RD BOCA RATON FL 33434  **THE NOW!!! FEE IS \$15.0.00 **Added to Fee Shart Robers Robert	City & Stat	e	City & State			4.	FEI Number         65-0818835         Applied For Not Applicable		
Action   Control   Contr	Zip	•		Cour	ntry		Fee Required		
SAKIZIL, SUALP 7940 GLADES RD BOCA RATION FL 33434  8. The above named entity submits this statement for the purpose of changing its registered agree, or both, in the State of Fiorida. I am familiar with and accept the beligiations of registered agree, or both in the State of Fiorida. I am familiar with and accept the beligiations of registered agree, or both in the State of Fiorida. I am familiar with and accept the beligiations of registered agree, or both in the State of Fiorida. I am familiar with and accept the beligiations of registered agree, or both in the State of Fiorida. I am familiar with and accept the beligiations of registered agree, or both in the State of Fiorida. I am familiar with and accept the beligiations of registered agree, or both in the State of Fiorida. I am familiar with and accept the belight of principal part with and accept the principal part with and accept the belight of principal part with and accept the part with and accept the part with and accept the principal part with and accept the part with and accept		Registered Agent				Name and Address of New Registered Agent			
Table   Part	CARITH C	SHALD		Name					
BOCA RATON FL 33434  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent and the displicable.  SIGNATURE  TILE NOW!!! FEE IS 5150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE NAME STRETAPORESS CITY-S1-2P  BOCA RATON FL 33434  TILE SD D Delete TILE SD DOC RATON FL 33434  TILE SD DECK TILE TOURS STRETAPORESS CITY-S1-2P  BOCA RATON FL 33434  TILE SD DECK TILE TOURS STRETAPORESS CITY-S1-2P  BOCA RATON FL 33434  TILE SIRE ADDRESS OCHY-S1-2P  TILE NAME STRETAPORESS CITY-S1-2P  Delete TILE NAME STRETAPORESS CITY-S1-2P  TILE NAME STRETAPORESS STRETAPORESS CITY-S1-2P  TILE NAME STRETAPORESS STRETAP			Street Addres		s (P.O. l	(P.O. Box Number is Not Acceptable)			
City   FL   Zip Code				T & W. A. M.					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Signature representation of registered agent agent and size of explanation.   Control of the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.	DOUA RAI	ION I'L 33434							
SIGNATURE   Signature of printed name of registered agent and till of applicables.   NOTE: Registered Agent signature required when intercuting)	City				City	City FL Zip Code			
Signature in page or printed named apgented agent and state it appointment in dragstered agent and state it appointment of state in the state in t	the obligations of registered agent.								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State    10									
TITLE NAME STREET ADDRESS CITY-ST-ZIP PAGE ACTIONESS CITY-ST-ZIP PAGE ACTIONES CITY-ST-ZIP PAGE ACTIONESS CITY-ST-ZIP PAGE ACTION	After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing								
NAME STREET ADDRESS CITY-ST-2IP  SAKIZLI, SUALP BOCA RATON FL 33434  TITLE SD TITLE STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP	10.		DIRECTORS	11.		Αſ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SAKIZLI, SUALP 7940 GLADES RD	☐ Delete	NAM STRE	ET ADDRESS		☐ Change ☐ Addition .		
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NAME	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS		☐ Change ☐ Addition		
12. Thereby 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 Mistee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if	NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby co	ertify that the information supplied with	this filing class not qualify for the	NAME STREE CITY-	T ADDRESS ST-ZIP	Section	110 O7/OVA Closide Statutes Life the control of the		