

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000011335

**Entity Name:** FAMILY STAR INSURANCE CORP.

**Current Principal Place of Business:**

7157 SW 8TH STREET  
MIAMI, FL 33144

**Current Mailing Address:**

3750 WEST FLAGLER STREET  
MIAMI, FL 33134 US

**FEI Number: 83-3517356**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANCHEZ, NICK  
3750 WEST FLAGLER STREET  
MIAMI, FL 33134 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	S
Name	SUAREZ, IDALMIS	Name	SUAREZ, IDALMIS
Address	7157 SW 8TH ST	Address	7157 SW 8TH ST
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: IDALMIS SUAREZ**

**OWNER**

**01/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date