

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90353 043 ***150.00

0383892 AV

DOCUMENT # 569473	
1. Entity Name STAR AUTO ENTERPRISES, INC.	

Principal Place of Business 2345 OKEECHOBEE BLVD W. PALM BEACH FL 33409	Mailing Address 2345 OKEECHOBEE BLVD W. PALM BEACH FL 33409
---	---

2. Principal Place of Business 515 N. FLAGLER DRIVE	3. Mailing Address 515 N. FLAGLER DRIVE
Suite, Apt. #, etc. SUITE 808	Suite, Apt. #, etc. SUITE 808
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401	Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2707396	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES INC. 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CUILLO, ROBERT S. 2345 OKEECHOBEE BLVD W. PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CUILLO, ROBERT S. 515 N. FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOTARY, MICHAEL 2345 OKEECHOBEE BLVD W. PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOTARY, MICHAEL 515 N. FLAGLER DRIVE STE 808 WEST PALM BEACH 33401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 or without other like empowered.

SIGNATURE:  **4-30-03** **561-478-4990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)