



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90729 015 \*\*\*158.75

<b>DOCUMENT # F02000002898</b> 1. Entity Name <b>UNISTAR MORTGAGE COMPANY</b>																																																																							
Principal Place of Business <b>1405 RT. 18 SOUTH OLD BRIDGE, NJ 08857</b>			Mailing Address <b>1405 RT. 18 SOUTH OLD BRIDGE, NJ 08857</b>																																																																				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">94057436</div>  <div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>03302004</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>																																																																			
City & State		City & State																																																																					
Zip	Country	Zip	Country																																																																				
4. FEI Number <b>22-3231724</b>				Applied For <input type="checkbox"/> Not Applicable																																																																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																							
6. Name and Address of Current Registered Agent  <b>SANTANGELO, MARK A. 3939 NE 5TH AVE., #E101 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4852 CERROMAR DR.</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34112</b>																																																																			
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 <i>Mark A. Santangelo</i> <span style="float: right;">3-30-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																				
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>SANTANGELO, LAWRENCE R SR.</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>1405 RT. 18 SOUTH</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>OLD BRIDGE, NJ 08857</b></td> </tr> <tr> <td></td> <td><b>SANTANGELO, MARK</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>1405 RT. 18 SOUTH</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>OLD BRIDGE, NJ 08857</b></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>V.P.</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td></td> <td><b>PRES.</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	NAME	Delete		<b>SANTANGELO, LAWRENCE R SR.</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1405 RT. 18 SOUTH</b>		CITY-ST-ZIP	<b>OLD BRIDGE, NJ 08857</b>			<b>SANTANGELO, MARK</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1405 RT. 18 SOUTH</b>		CITY-ST-ZIP	<b>OLD BRIDGE, NJ 08857</b>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	TITLE	NAME	Delete		<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP				<b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<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)(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: <i>Mark A. Santangelo</i> <span style="float: right;">3-30-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																							