

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000002898

1. Entity Name  
UNISTAR MORTGAGE COMPANY



Principal Place of Business  
1405 RT. 18 SOUTH  
OLD BRIDGE NJ 08857

Mailing Address  
1405 RT. 18 SOUTH  
OLD BRIDGE NJ 08857

FILED

03 JUN 18 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3231724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANGELO, MARK A  
3939 NE 5TH AVE., #E101  
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(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 D ☐ Delete  
NAME SANTANGELO, LAWRENCE R SR.  
STREET ADDRESS 1405 RT. 18 SOUTH  
CITY-ST-ZIP OLD BRIDGE NJ 08857

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700021160217  
CITY-ST-ZIP 06/26/03--01058--017 \*\*150.00

TITLE P ☐ Delete  
NAME SANTANGELO, MARK  
STREET ADDRESS 1405 RT. 18 SOUTH  
CITY-ST-ZIP OLD BRIDGE NJ 08857

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

732-617-7235

0616812 AT

CR2E034 (10/02)

*Attachment*  
**LUISI & LUISI CPAs, P.C.**  
**ACCOUNTANTS & BUSINESS CONSULTANTS**

15 GAWAIN DRIVE  
MANALAPAN, NJ 07726

(732) 617-1040 • FAX (732) 617-1041

- ACCOUNTING & TAXES
- FINANCIAL PLANNING
- BUSINESS CONSULTING

1348 - 77TH STREET  
BROOKLYN, N.Y. 11228

REPLY TO N.J. OFFICE

June 6, 2003

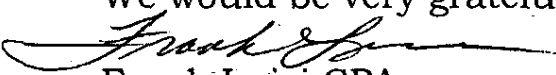
Florida Dept. of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

Please accept our check for the \$150.00 filing fees although not sent in by May 1, 2003. Mr. Santangelo's wife had a serious heart attack while in Florida. In fact, even Mr. Santangelo was very ill during the same time period. To make matters worse, even I was out of work during the same period and have been on disability due to a severe back injury.

As such, Mr. Santangelo didn't make it up to the main office in Old Bridge, New Jersey until mid-May. It wasn't until that time that he went through the backlog of paper work and I am finally able to start to give him a hand and resolve some of these matters.

We would be very grateful of your understanding.

  
Frank Luisi CPA