2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42119

1. Entity Name

UNITED STARS, INC.

999 BRICKELL BAY DR SUITE I. APT 602 MIAMI FL 33131

Principal Place of Business

Mailing Address

999 BRICKELL BAY DR SUITE 8. APT 602 MIAMI FL 33131

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90141 013 ***150.00



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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State			4.	. FEI Number	59-21362	75	<u> </u>	oplied For	7
Zip	. Country	Zip	Country		5.	Certificate of	Status Desired		\$8.75 Add	ditional	1
		l	7.	Name and A	ddress of New	Registered	Agent		1		
				Name							
VICENS, ROLANDO, C.P.A. 999 BRICKELL BAY DR., W/. STE 602				Street Address (P.O. Box Number is Not Acceptable)							-
MIAN	Al FL FL 33131			City				FI	Zip Cod	e	-
							19.5		-		1
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent are pratrion is eligible to satisfy its Intangible	nd title if applicable (NOTE	: Registere	d Agent signature	e required when	n reinstating)		DATE			
Tax filing i	requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00		ion Campaign F Fund Contribut	•		0 May Be I to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		Α	DDITIONS/CH	HANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASELLI, HECTOR 999 BRICKELL BAY DR, #602 MIAMI FL 33131	□ Delete				•			☐ Change	Addition	00/01/10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, WILLIAM C III 2655 LE JEUNE ROAD CORAL GABLES FL	☐ Delete WILLIAM C III È JEUNE ROAD		E Et address -ST-Zip					☐ Change	Addition	200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete RODRIGUEZ, JOSE LUIS 999 BRICKELL DR., #602 MIAMI FL 33131						fr £		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIA		□ Delete							☐ Change	☐ Addition)
TITLE NAME STREET ADDRESS (CITY-ST-ZIP		□ Delete							☐ Change	☐ Addition	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP	alia Canati	. 110.07/07/2	Florido Chaby	المرابعة الم	☐ Change	Addition	
TO THEIRDY C	ertify that the information supplied with t	ma minu uuta nutuudiiV (Of-	IIIO CXCI	HUUUH SIBIUH	u in accide	1 1 1 2.0 / (3 / ().	i ionua Statutes	. i luitiel Ce	anav mat me f	noi mation	1

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 11 or Block 12 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

Daytime Phone #