## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F42119

Address: City-St-Zip:

MIAMI, FL 33131

Entity Name: UNITED STARS, INC.

May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 999 BRICKELL BAY DR SUITE I, APT 602 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 999 BRICKELL BAY DR SUITE 8, APT 602 MIAMI, FL 33131 US FEI Number: 59-2136275 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VICENS, ROLANDO, C.P.A GARCIA, LUCY 999 BRICKELL BAY DR., W/. STE 602 999 BRIĆKELL BAY DRIVE MIAMI FL, FL 33131 SUITE 602 MIAMI FL, FL 33131 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: LUCY GARCIA 05/01/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MASELLI, HECTOR, Name: Name: 999 BRICKELL BAY DR, #602 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: STD Title: () Delete () Change () Addition DAVIS. WILLIAM C III. Name: Name: 2655 LE JEUNE ROAD Address: Address: CORAL GABLES, FL City-St-Zip: City-St-Zip: V () Delete RODRIGUEZ, JOSE LUIS, Title: Title: () Change () Addition Name: Name: 999 BRICKELL DR., #602 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HECTOR MASELLI **PRES** 05/01/2002