

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90261 004 ***158.75

DOCUMENT # **J23660**

1. Entity Name
7 STAR TRANSPORTATION, INC.



Principal Place of Business
**10730 SW 172ND STREET
MIAMI FL 33157
US**

Mailing Address
**P.O. BOX 9704445
MIAMI FL 33197**



2. Principal Place of Business
17304 Walker Ave

3. Mailing Address
PO. Box 970445

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
59-2703626

Applied For
 Not Applicable

Zip
33157 Country
USA

Zip
33197 Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DACOSTA, NORMAN N
10730 S.W. 172 ST.
MIAMI FL 33157**

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 **4/23/03**

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	PD DACOSTA, NORMAN N 10730 S.W. 172 ST. MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/03** Daytime Phone # **305 903-6042**

CR2E034 (10/02)