

# 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  
Suite, Apt. #, etc. #107

**3. Mailing Address**  
P.O. Box 970445  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
MIAMI FL  
**Zip**  
33157  
**Country**  
USA

**City & State**  
MIAMI FL  
**Zip**  
33197  
**Country**  
USA

**4. FEI Number**  
59-2703626

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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 fee applicable.

(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**

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

Daytime Phone #

CR2E034 (10/02)