Mailing Address

STE 201

26

1125 NE 125TH ST

2a. Mailing Address

Suite, Apt. #, etc.

NORTH MIAMI FL 33181

**PROFIT** CORPORATION ANNUAL REPORT

1999

FIVE STAR PROMOTIONS, INC.

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

1125 NE 125TH ST

NORTH MIAMI FL 33181

Suite, Apt. #, etc.

STE 201



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90019 038 \*\*\*150.00



	DO NOT WRITE IN THIS SPA	ACE						
3.	Date Incorporated or Qualifed							
	11/10/1988							
4.	FEI Number	Т	Applied For					

65-0081370

5. Certificate of Status Desired

2		27				ŀ			ee nec	<del>danoa</del>
City	& State	City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be Fees
Zip	Country 25	Zip 29	30 Co	untry			This corporation owes the current ye Personal Property Tax.	<b>∑</b> (Ye	s	□No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	JAY E. REINER		·	81	Name					
2002 NE 120 RD				82	2 Street Address (P.O. Box Number is Not Acceptable)					
	N. MIAMI FL 33181			83						
				84	City			85	Zip C	ode

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the objection of Section 607.0505. Florida Statutes

agent. i ai	n ramiliar with and accept the obligations of, Section 607.050	JS, FIUITUA	Statutes.	$\bigcirc$	:/ L		
SIGNATURE	Signatule, to do or plinted name of registered agent and title if applicable.	Jay (NOTE: Bed	E. Re inco	ruired when reinstating)	4/19 /9 DATE	19	
12,	OFFICERS AND DIRECTORS	13.		NGES TO OFFICERS A	ND DIRECTOR	R\$ IN 12	
TITLE	PD DELE	ETE	1.1 TITLE			☐ Change	Addition
NAME	REINER, JAY E.	ı	1.2 NAME				1
STREET ADDRESS	2002 N.E. 120 RD		1.3 STREET ADDRESS				1
CITY-ST-ZIP	NORTH MIAMI FL	ŀ	1.4 CITY-ST-ZIP				
TITLE	VST DELE	ETE	2.1 TITLE			Change	Addition
NAME	REINER, CAMILLE L.		2.2 NAME				
STREET ADDRESS	2002 N.E 120 RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL		2. 4 CITY-ST-ZIP		·• 1		~
TITLE	□ DELE		3.1 TITLE		1:1:90	Change	Addition
NAME (			3.2 NAME				ļ
STREET ADDRESS		1	3.3 STREET ADDRESS				}
CITY-ST-ZIP		1	3.4. CITY-ST-ZIP				
TITLE	☐ DELE		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				Í
STREET ADORESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				, , , , , ,
TITLE	☐ DELE	ETE	5.1 TITLE		*	☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	☐ DELE	ETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
ŞTREET ADDRESS		1	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Not Applicable

\$8.75 Additional