

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90168 028 ***150.00

DOCUMENT # K44736

1. Entity Name

FIVE STAR PROMOTIONS, INC.

Principal Place of Business

1125 NE 125TH ST
STE 201
NORTH MIAMI FL 33181
US

Mailing Address

1125 NE 125TH ST
STE 201
NORTH MIAMI FL 33181
US

2. Principal Place of Business

995 NE 124 ST

3. Mailing Address

995 NE 124 ST

Suite, Apt. #, etc.

STE 200

Suite, Apt. #, etc.

STE 200

City & State

North Miami FL

City & State

North Miami FL

Zip

33161

Country

US

Zip

33161

Country

US

6. Name and Address of Current Registered Agent

JAY E. REINER
2002 NE 120 RD
N. MIAMI FL 33181

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **REINER, JAY E.**
STREET ADDRESS **2002 N.E. 120 RD**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **VST** ☐ Delete
NAME **REINER, CAMILLE L.**
STREET ADDRESS **2002 N.E. 120 RD**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay E. Reiner *Camille Reiner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 305-895-2525
Date Daytime Phone #

CR2E034 (10/00)