

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91828 001 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000004827 1. Entity Name 5 STAR DEVELOPMENT GROUP, LLC			
Principal Place of Business 130 NW 40TH AVE. MIAMI, FL 33126		Mailing Address 130 NW 40TH AVE. MIAMI, FL 33126	
2. Principal Place of Business 12951 SW 124 ST Suite, Apt. #, etc.		3. Mailing Address 12951 SW 124 ST Suite, Apt. #, etc.	
4. State MIAMI FL		City MIAMI FL	
5. FEI Number 75-3029587		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
8. Name and Address of Current Registered Agent BORGES, ISMAEL 130 NE 40TH AVE. MIAMI, FL 33126		Name ISMAEL BORGES Street Address (P.O. Box Number Is Not Acceptable) 12951 SW 124 ST City MIAMI FL Zip Code 33186	
9. 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 <u>Ismael Borges</u> DATE <u>5/1/03</u> (NOTE: Registered Agent signature required when changing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
10. MANAGING MEMBERS/MANAGERS		11. ADDITIONS/CHANGES	
TITLE MGR NAME BORGES, ISMAEL STREET ADDRESS 130 NW 40TH AVE. CITY-ST-ZIP MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>Ismael Borges</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <u>5/1/03</u> Daytime Phone #	

55037951



☐ CHECK HERE IF MAKING CHANGES

CH2E003 (10/02)