

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90037 015 \*\*\*\*61.25

**DOCUMENT # N01000007627**

1. Entity Name

**NATIONAL STAR PROJECT, INC.**

Principal Place of Business

1445 NW BOCA RATON BLVD  
 BOCA RATON FL 33432

Mailing Address

1445 NW BOCA RATON BLVD  
 BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

65-1144950

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**STEFEST, CAROL**  
**1445 NW BOCA RATON BLVD**  
**BOCA RATON FL 33432**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **AKER, ANN KASTEN MD**  
 CITY-ST-ZIP **3649 N OCEAN BLVD**  
**GULF STREAM FL 33483**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FRIS, CANDACE**  
 CITY-ST-ZIP **3432 N OCEAN BLVD**  
**GULF STREAM FL 33483**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GOVE, GWEN CRAWFORD**  
 CITY-ST-ZIP **3054 GULF STREAM RD**  
**GULF STREAM FL 33483**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CARRERA, CHRISTIE**  
 CITY-ST-ZIP **3761 NE 4 AVE**  
**BOCA RATON FL 33432**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STEFEST, CAROL**  
 CITY-ST-ZIP **91 MAGNOLIA CIRCLE**  
**BOYNTON BCH FL 33436**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 617, 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 #

1/14/02

CR2E037 (9/01)