

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

0038987

**DOCUMENT # N94000006344**

1. Entity Name

**S.T.A.R.S./H.O.P.E. INC.**

03-21-2001 90025 019 \*\*\*\*61.25

Principal Place of Business

**627 SW 27TH AVE  
 MIAMI FL 33135  
 US**

Mailing Address

**627 SW 27TH AVE  
 MIAMI FL 33135  
 US**

2. Principal Place of Business

**627 S.W. 27th Ave.**

Suite, Apt. #, etc.  
**Miami, FL.**

City & State

Zip  
**33135**

Country

3. Mailing Address

**627 S.W. 27th Ave.**

Suite, Apt. #, etc.  
**Miami, FL.**

City & State

Zip  
**33135**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0589915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEVY, LAWRENCE A  
 1016 MILAN AVE  
 CORAL GABLES FL 33134**

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

**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 **PT** ☐ Delete  
 NAME **VILA-SANCHEZ, MARY**  
 STREET ADDRESS **7210 RED ROAD, SUITE 210**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete  
 NAME **VICENTE, JOSE**  
 STREET ADDRESS **300 NE 2ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VPT** ☐ Delete  
 NAME **CRUZ, ELODIA**  
 STREET ADDRESS **5959 N W 7TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **T** ☐ Delete  
 NAME **AQUINO-SOSA, VIVIAN**  
 STREET ADDRESS **3971 S W 8TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **ST** ☐ Delete  
 NAME **SANJENIS, LOURDES**  
 STREET ADDRESS **9 STAR ISLAND**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)