

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000001751**

1. Entity Name

**SIX STAR RESIDENTIAL HOME CORPORATION****FILED****Feb 20, 2001 8:00 am  
Secretary of State**

02-20-2001 90064 008 \*\*\*\*75.00

Principal Place of Business

**SIX STAR RESIDENTIAL HOME CORPORATION  
MIAMI FL 33162**

Mailing Address

**741 N.E. 177TH STREET  
MIAMI FL 33162**

2. Principal Place of Business

**Six Star Residential Home**  
Suite, Apt. #, etc.

3. Mailing Address

**741 N.E. 177th St.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

4. FEI Number

**65-0844031**

Applied For

Not Applicable

Zip

**33162**

Country

**DADE**

Zip

**33162**

Country

**FL**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, CYNTHIA A  
741 N.E. 177TH STREET  
MIAMI FL 33162**

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

1

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**D  
LEE, CYNTHIA A  
741 N.E. 177TH STREET  
MIAMI FL 33162**TITLE ☐ Delete**D  
SMART, MONICA  
741 N.E. 177TH STREET  
MIAMI FL 33162**TITLE ☐ Delete**D  
HALL, LEROME  
741 NE 177 ST  
MIAMI FL 33162**TITLE ☐ Delete**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Delete**NAME  
STREET ADDRESS  
CITY-ST-ZIP**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)