

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90140 030 \*\*\*\*70.00

**DOCUMENT # N98000001751**

1. Entity Name  
**FIVE STAR RESIDENTIAL COMMUNITY HOME, INC.**



Principal Place of Business Mailing Address  
~~SIX STAR RESIDENTIAL HOME CORPORATION~~ ~~741 N.E. 177TH STREET~~  
**MIAMI FL 33162** **MIAMI FL 33162**

2. Principal Place of Business 3. Mailing Address  
*Five Star Residential Com. Home* *741 NE 177 Street*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*SAME* *MIAMI, FL*  
Zip Country Zip Country  
*33162* *DADE*



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0844031** Applied For  
Not Applicable

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 *SAME*  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia A Lee*  
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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEE, CYNTHIA A</b> <b>741 N.E. 177TH STREET</b> <b>MIAMI FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, LEROME</b> <b>741 NE 177 ST</b> <b>MIAMI FL 33162</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, MARCUS</b> <b>751 NE 177 STREET</b> <b>MIAMI FL 33162</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director</i> <i>Charles Canady</i> <i>16400 NE 19 Ave. Miami, FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director</i> <i>Williams Marcus</i> <i>751 NE 177 St. Miami, FL 33162</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 President*

*(305) 655-1849*

CR2E037 (10/02)