2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 30, 2002 8:00 am Secretary of State P00000014396 DOCUMENT # 1. Entity Name 09-30-2002 90181 029 ***550.00 FIVE STAR CONSTRUCTION OF SO, FLORIDA, INC. Principal Place of Business Mailing Address 1417 SW 14TH AVE. 1417 SW 14TH AVE. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0977101 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIAZZOLLA, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 1417 S.E. 14 AVE. **DEERFIELD BEACH FL 33441** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ∠ Change ☐ Addition NAME PIAZZOLLA, PAUL JR PAZZOLLA, PAUL TO NAME STREET ADDRESS 609 SIESTA KEY CIRCLE #3416 1417 8E 14 AUC STREET ADDRESS Deerfield Beach, Fl 33441 **DEERFIELD BEACH FL 33441** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIAZZOLLA, PATRICIA A NAME NAME STREET ADDRESS 14175 SE 14TH AVE STREET ADDRESS CITY-ST-7IP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE □ Delete TITLE Addition NAME NAME

13. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP