

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 01, 2001 8:00 am  
Secretary of State

08-01-2001 90194 002 \*\*\*158.75

0194290

DOCUMENT # P00000050079

1. Entity Name

FIVE STARS DISTRIBUTORS, INC.

Principal Place of Business

1006 Bay Drive #706  
Miami Beach, FL 33141

Mailing Address

1006 Bay Drive #706  
Miami Beach, FL 33141

2. Principal Place of Business

7441 Wayne Ave. #10-Q

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 414396

Suite, Apt. #, etc.

City & State

Miami Beach, FLORIDA

City & State

Miami Beach, FLORIDA

4. FEI Number

65-1008210

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Castro, Fernando  
1006 Bay Drive APT #706  
Miami Beach, FL 33141

7. Name and Address of New Registered Agent

Name Fernando Castro

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

7441 Wayne Ave. #10-Q

City Miami Beach

FL

Zip Code 33141

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 *Fernando Castro*

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | CASTRO, FERNANDO      |                                 |
| STREET ADDRESS | 1006 Bay Drive #706   |                                 |
| CITY-ST-ZIP    | Miami Beach, FL 33141 |                                 |
| TITLE          | VPD                   | <input type="checkbox"/> Delete |
| NAME           | MORALES, JULIA        |                                 |
| STREET ADDRESS | 1006 Bay Drive #706   |                                 |
| CITY-ST-ZIP    | Miami Beach, FL 33141 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CASTRO, FERNANDO      |  |
| STREET ADDRESS | 7441 WAYNE AVE. #10-Q |  |
| CITY-ST-ZIP    | Miami Beach, FL 33141 |  |
| TITLE          | VPD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MORALES, JULIA        |  |
| STREET ADDRESS | 7441 WAYNE AVE. #10-Q |  |
| CITY-ST-ZIP    | Miami Beach, FL 33141 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fernando Castro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FIVE STARS DISTRIBUTORS, INC.**

**7441 WAYNE AVENUE # 10-Q**

**MIAMI BEACH, FL. 33141**

attachment  
of P0000050079  
BOOK 399

July 25, 2001

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

**Re: Document # P0000050079**  
**2001 Uniform Business Report**

Dear Sir or Madam:

In reference to our telephone conversation with one of your customer service representatives we are attaching our 2001 Uniform Business Report along with a check for \$ 158.75 to cover the filing fee. As we stated by phone we did not file this report on time because we never received any packet through the mail since we moved and had no idea when the final due date was. Since this is our first company in Florida and it was our first year doing business we did not know of the procedures that needed to be taken to update our company. We pardon any inconvenience and ask that you please forgive the late filing fee. If there is any problem please let us know.

Sincerely,



**Fernando Castro**  
**President - Five Stars Distributors, Inc.**