

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90276 005 ***150.00

0105650 AV

DOCUMENT # P00000058381

1. Entity Name

GOLDSTAR DEVELOPMENT, INC.

Principal Place of Business

**10849 WOODCHASE CIRCLE
 ORLANDO FL 32836**

Mailing Address

**7746 SUGAR BEND DR
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

6675 Westwood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

City & State

Orlando FL

4. FEI Number

59-3663865

Applied For

Not Applicable

Zip

Country

32821

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, ARVIND

**7746 SUGAR BEND DR
 ORLANDO FL 32819**

Name

Patel, Arvind

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

6675 Westwood Blvd.

Suite 100

City

Orlando

FL

Zip Code

32821

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PATEL, ARVIND**
 STREET ADDRESS **10849 WOODCHASE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D** ☒ Change ☐ Addition
 NAME **Patel, Arvind**
 STREET ADDRESS **6675 Westwood Blvd., Suite 100**
 CITY-ST-ZIP **Orlando, FL 32821**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Arvind Patel

ARVIND PATEL

President

4/12/02

407 491-0612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)