FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91346 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064735

669288

1. Entity Name

DAVSTAR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 ALMERIA AVENUE	301 ALMERIA AVENUE
Suite, Apt. #, etc. SUITE 3	Suite, Apt. #, etc. STE 3
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134 Country U.S.	Zip 33134 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1020271 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DOMINGO ALONSO

Street Address (P.O. Box Number is Not Acceptable): 301 ALMERIA AVENUE, STE 3

City: CORAL GABLES FL Zip Code: 33134

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: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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
NAME	ALICIA SUANCHA
STREET ADDRESS	301 ALMERIA AVENUE, STE 3
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF.FL32331F.1