

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

05-24-2002 91346 011 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000079489

1. Entity Name

STAR LIMITED CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
301 ALMERIA AVENUE

Suite, Apt. #, etc.

SUITE 3

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

3. Mailing Address
301 ALMERIA AVENUE

Suite, Apt. #, etc.

STE 3

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

4. FEI Number

65-1033332

Applies For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 instructions on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$98.35
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0893

Daytime Phone #