

2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P00000090278

1. Entity Name
FIVE STAR VALET, INC.

03-24-2002 90016 047 ***150.00

Principal Place of Business
365 CHERRY ROAD
APARTMENT 15
WEST PALM BEACH FL 33409

Mailing Address
365 CHERRY ROAD
APARTMENT 15
WEST PALM BEACH FL 33409



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
733 Bunker Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach FL

4. FEI Number **65-1042687** ☒ Applied For
 Not Applicable

Zip **33405** 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

MORALES, BRAYAM
365 CHERRY ROAD
APARTMENT 15
WEST PALM BEACH FL 33409

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE **Brayam Morales Pres. of Comp.** DATE **3/7/02**
(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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, BRAYAM I 365 CHERRY RD #15 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE **BRAYAM MORALES** **Pres. of Comp** **3/7/02** **(561)632-1474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0362848 AV

CR2E034 (9/01)