

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90138 005 \*\*\*150.00

DOCUMENT # *P00000091201*  
1. Entity Name  
*5 Star Properties, Inc.*



**DO NOT WRITE IN THIS SPACE**

**10033298**

2. Principal Place of Business  
*3469 W Boynton Beach Blvd*

3. Mailing Address  
*SAME*

Suite, Apt. #, etc.  
*#18*

Suite, Apt. #, etc.

City & State  
*Boynton Beach, FL*

City & State

Zip  
*33436*

Country  
*PAIm Beach*

Zip  
*33436*

Country

4. FEI Number  
*65-1046500*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*LOUIS RALEY*

Street Address (P.O. Box Number is Not Acceptable)  
*3469 W Boynton Beach Blvd #18*

City  
*Boynton Beach FL*

Zip Code  
*33436*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President, Dir  
Eugene Midyette  
3469 W Boynton Beach Blvd #18  
Boynton Beach, FL 33436*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Sec-Treas-Dir  
Louis Raley  
3469 W Boynton Beach Blvd  
Boynton Beach, FL 33436*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)