

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 015 ***155.00

DOCUMENT # P00000102527
1. Entity Name 14 STAR CORP. ✓

DO NOT WRITE IN THIS SPACE

642236

2. Principal Place of Business
910 SR 434 N. Suite 18
Suite, Apt., etc. Altamonte Springs, FL
City & State
Zip 32714 Country

3. Mailing Address
931 SR 434 N. Suite 1255
Suite, Apt., etc. Altamonte Springs FL
City & State
Zip 32714 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-367-9153
Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name PATEL, PRABODH C. ESQ.
Street Address (P.O. Box Number is Not Acceptable) 815 ORIENTA AVE. Suite 6.
City Altamonte Springs FL Zip Code 32701

**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 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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>HANSRAJ, JMTIAZ</u> <u>910 SR 434 N. Suite 18</u> <u>Altamonte Springs, FL 32714</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T</u> <u>AHMAD, AFTAB</u> <u>8139 INVERNESS RIDGE RD.</u> <u>POTOMAC, MD 20854.</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/S</u> <u>RASHID, ZAMEER</u> <u>836 EAGLE CLAW CT.</u> <u>LAKE MARY, FL 32746</u>
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZAMEER RASHID

4/16/02

407.862.3850

Date

Daytime Phone #

CR2E034B (12/01)