FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 045 ***150.00

JUU33736

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109981

1. Entity Name
FIVE STAR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
215 ~~NORTH~~ FEDERAL HWY. HALLANDALE, FL 33009	215 ~~NORTH~~ FEDERAL HWY. HALLANDALE, FL 33009

2. Principal Place of Business	3. Mailing Address
646 Lincoln Road Suite, Apt. #, etc.	646 Lincoln Road Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33139 Country: U.S.	Zip: 33139 Country: U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1063155 ☐ Applied For ☐ Not Applicable

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
APA, VINCENZO ~~215 NORTH FEDERAL HWY.~~ ~~HALLANDALE, FL 33009~~	Name: APA, VINCENZO Street Address (P.O. Box Number Is Not Acceptable): 646 LINCOLN ROAD City: MIAMI BEACH FL Zip Code: 33139

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HART, CASWALL A 1101 BRICKELL AVE. MIAMI, FL 33231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD APA, VINCENZO ~~215 NORTH FEDERAL HWY.~~ ~~HALLANDALE, FL 33009~~ 646 Lincoln Road Miami Beach, Fla 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MONTICCIOLO, GIUSEPPE ~~215 NORTH FEDERAL HWY.~~ ~~HALLANDALE, FL 33009~~ 646 Lincoln Road Miami Beach, Fla 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENZO APA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109981

1. Entity Name
FIVE STAR MANAGEMENT, INC.

90099756

[redacted]

Principal Place of Business	Mailing Address
215 NORTH FEDERAL HWY. HALLANDALE, FL 33009	215 NORTH FEDERAL HWY. HALLANDALE, FL 33009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
646 Lincoln Road Suite, Apt. #, etc.	646 Lincoln Road Suite, Apt. #, etc.
City & State: MIAMI BEACH, FLORIDA	City & State: MIAMI BEACH FLORIDA
Zip: 33139 Country: U.S.	Zip: 33139 Country: U.S.

4. FEI Number: 65-1063155 ☐ Applied For ☐ Not Applicable

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

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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: VINCENZO APA — SIGNATURE — DATE: 4-8-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

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SIGNATURE: VINCENZO APA — Signature — (4-8-03 DATE)
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING~~ OFFICER OR DIRECTOR — Date

Phone # 305-6735114
Daytime Phone Number