

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114848

1. Entity Name

SOUTH FLORIDA STAR SERVICES, INC.

Principal Place of Business

12330 S.W. 131 AVENUE
MIAMI FL 33186

Mailing Address

12330 S.W. 131 AVENUE
MIAMI FL 33186

2. Principal Place of Business

13701 S.W. 66 ST

Suite, Apt. #, etc.

111-B

City & State

MIAMI, FL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33183

Country

U.S.A

Zip

Country

4. FEI Number

65-106-9737

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIENVENIDA CARMEN BONIL LIMA
12330 S.W. 131 AVENUE
MIAMI FL 33186

7. Name and Address of New Registered Agent

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PD
NAME LIMA, BIENVENIDA C
STREET ADDRESS 12330 S.W. 131 AVENUE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LIMA, Bienvenida Carmen
STREET ADDRESS 13701 S.W. 66 ST # 111-B
CITY-ST-ZIP MIAMI, FL. 33183 ☒ Change ☐ Addition
(13701)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-01

Date

(305) 388-8017

Daytime Phone #

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90008 025 ***150.00

920920



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)