

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

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91747 020 ***150.00

DOCUMENT # P01000035980

1. Entity Name

Five Star Construction Group, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12431 Summer Springs Drive

Suite, Apt. #, etc.

3. Mailing Address

12431 Summer Springs Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bayton Beach, FL

Zip

33437

Country

USA

City & State

Bayton Beach, FL

Zip

33437

Country

USA

4. FEI Number

05-1090722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL RUTHERA

Street Address (P.O. Box Number is Not Acceptable)

1840 S.W. 22 STREET

City

MIAMI

FL

Zip Code

33145

**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	P.T.
NAME	John Miele
STREET ADDRESS	12431 Summer Springs Drive
CITY - ST - ZIP	Bayton Beach, FL 33437
TITLE	U.S.
NAME	Alan Gainsborg
STREET ADDRESS	6071 Sunberry Circle
CITY - ST - ZIP	Bayton Beach, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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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

Date

Daytime Phone #

5/16/02 (561) 374-9350

CR2034B (12/01)