

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90113 042 ***150.00

DOCUMENT # P01000036889

1. Entity Name
STAR REAL ESTATE INVESTMENTS, INC.



Principal Place of Business
C/O SERBER & ASSOCIATES, P.A.
2875 NE 191 ST. SUITE 801
AVENTURA FL 33180

Mailing Address
C/O SERBER & ASSOCIATES, P.A.
2875 NE 191 ST. SUITE 801
AVENTURA FL 33180



2. Principal Place of Business 19111 Collins Ave.		3. Mailing Address 19111 Collins Ave.	
Suite, Apt. #, etc. Apt. 2402		Suite, Apt. #, etc. Apt. 2402	
City & State Sunny Isles Beach, FL		City & State Sunny Isles Beach, FL	
Zip 33160	Country USA	Zip 33160	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** 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

HAMUI, ESTRELLA
C/O SERBER & ASSOCIATES, P.A.
2875 NE 191 ST, SUITE 801
AVENTURA FL 33180

Name
Estrella Hamui
Street Address (P.O. Box Number is Not Acceptable)
19111 Collins Ave - 2402 Sunny Isles
Beach, Florida
City **FL** Zip Code **33160**

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 *Estrella Hamui* DATE 03-20-03
Signature, typed 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

9. Election Campaign Financing ☐ **\$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	D HAMUI, ESTRELLA 2875 NE 191 ST SUITE 801 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Estrella Hamui 19111 Collins Ave - Apt. 2402 Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Estrella Hamui* DATE 03-20-03 DAYTIME PHONE # 305 495 7276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)