2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

655 CORTEZ CIRCLE

ALTAMONTE CODINGS EL 22714

P01000046796 **DOCUMENT #**

1. Entity Name

5 STAR ENTERPRISES, INC.

Principal Place of Business

655 CORTEZ CIRCLE



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90033 043 ***150.00

Suite, Apt. #, etc. City & State	ALIAMONIE S	PRINGS FL 32/14	ALIAMONIE SENINGS II	L UZ714						
City & State City & State Country St. Certificate of Status Desired SA.75 Additional Fee Required SA.75 Additional	2. Principal P	ace of Business	3. Mailing Address	Mailing Address					910 1\$110 0111 tabi	
Security	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF M	AKING CHANG	ES	
Security	City & State	· <	City & State			4 . F	59-3728877			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL City FL Zip Code S. 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 no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 Addition State Addition Add	Zip		Zip	Coun	try	5. (Certificate of Status Desired			
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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	CITY-ST-ZIP	/		CIT	Y-ST-ZIP					
	12. I hereby	certify that the information supplied with	n this filing does not qualify f	or the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I fu	ther certify that t	he 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:

Daytime Phone #