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FILED
Jun 27, 2002 8:00 am
Secretary of State
05-27-2002 90421 046 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067040 ✓

1. Entity Name
AAAAA SIX STARS TRANSPORTATION INC.

DO NOT WRITE IN THIS SPACE

95250

5533

2. Principal Place of Business	3. Mailing Address
5533 S. ORANGE BLOSSOM TRAIL	5148 PARK CENTRAL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	114
City & State	City & State
ORLANDO - FLORIDA	ORLANDO - FL.
Zip / Country	Zip / Country
32839 / USA	32839 / USA

DO NOT WRITE IN THIS SPACE
91-2143383

4. FEI Number
91-2143383
☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RAFAEL NOEL RIBEIRO

Street Address (P.O. Box Number is Not Acceptable): 5148 PARK CENTRAL DR. #114

City: ORLANDO - FL Zip Code: 32839

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: _____ DATE

9. This corporation is eligible to restate as Incorporated. (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 MGR NAME STREET ADDRESS CITY-ST-ZIP	MANAGER OF OPERATIONS VALMIR FAVARO 3355 SOUTH KIRKMAN RD #1319 ORLANDO - FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAFAEL NOEL RIBEIRO 5148 PARK CENTRAL DR. #114 ORLANDO- FL. - 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)