

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91358 042 ***150.00

DOCUMENT # P01000067040

1. Entity Name
AAAAAA SIX STARS TRANSPORTATION, INC.



Principal Place of Business
5533 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

Mailing Address
5148 PARK CENTRAL DR
114
ORLANDO FL 32839



2. Principal Place of Business

5533 S Orange Blossom Trail

Suite, Apt. #, etc.

3. Mailing Address

2201 Metropolitan Way

Suite, Apt. #, etc.

1415

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number **91-2143383**

Applied For

Not Applicable

Zip

32839

Country

U.S.A.

Zip

32839

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIBEIRO, RAFAEL N
5148 PARK CENTRAL DR #114
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name **Demilson Cunha**
Street Address (P.O. Box Number is Not Acceptable) **2201 Metropolitan Way**
1415
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RIBEIRO, RAFAEL N	
STREET ADDRESS	5148 PARK CENTRAL DR #114	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	FAVARO, VALMIR	
STREET ADDRESS	3355 S KIRKMAN RD #1319	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT (VICE)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Demilson Cunha	
STREET ADDRESS	2201 Metropolitan Way #1415	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerments.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)