FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90173 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075028

1. Entity Name

STAR GROUP CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17700 NORTH BAY ROAD	17700 NORTH BAY ROAD
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: SUNNY ISLES - FLORIDA	City & State: SUNNY ISLES - FLORIDA
Zip: 33160 Country: USA	Zip: 33160 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1128521 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami **FL** Zip Code: 33145

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: Spiegel & Utrera, P.A. By: [signature] 4/25/02

Signature of a new agent (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: PRES. - DIR. NAME: DE FERECHIAN, LILIANA Z. STREET ADDRESS: 17700 NORTH BAY ROAD #302 CITY-ST-ZIP: SUNNY ISLES - FLORIDA 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V. PRES. TREASURER NAME: FERECHIAN, NORBERTO STREET ADDRESS: 17700 NORTH BAY ROAD #302 CITY-ST-ZIP: SUNNY ISLES - FLORIDA 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SECRETARY NAME: UTTO, JOSE R. STREET ADDRESS: 17700 NORTH BAY ROAD #302 CITY-ST-ZIP: SUNNY ISLES, FLORIDA 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #