

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0181988
AV

DOCUMENT # P01000080564

1. Entity Name
FIVE STAR & DECORATION, INC.



FILED
04 MAY 21 PM 6:27

Principal Place of Business
**4351 N.W. 185 ST.
MIAMI FL 33055**

Mailing Address
**4351 N.W. 185 ST.
MIAMI FL 33055**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
4351 N.W. 185 ST

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State

Zip
33055

Country

☒ CHECK HERE IF MAKING CHANGES **04**

4. FEI Number **65-0975095**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMARGO, RICARDO
4351 N.W. 185 ST.
MIAMI FL 33055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **Ricardo Camargo** DATE **4-27-04**

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, 2007 fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME CAMARGO, RICARDO	
STREET ADDRESS 4351 N.W. 185TH ST.	
CITY-ST-ZIP MIAMI FL 33055	
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

☐ Change ☐ Addition

600037624696
06/03/04--01032--001 **150.00

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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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)