

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90100 019 ***150.00

DOCUMENT # P01000080564

1. Entity Name

FIVE STAR & DECORATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4351 N.W. 185 ST
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FLA

City & State

4. FEI Number

65-0975095

Applied For

Not Applied

Zip

33055

Country

Zip

Country

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-24-03

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
Trust Fund Contribution ☐

\$5.00 May B
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CAMARGO, RICARDO**
STREET ADDRESS **4351 N.W. 185TH ST.**
CITY- ST- ZIP **MIAMI FL 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

I hereby certify that the information supplied with this filing is true and correct, and that the signature shall have the same legal effect as if the corporation or the receiver or trustee employed or authorized to execute this report as required by Chapter 504, Florida Statutes, or on an attachment with an address, with all other like statements.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR