

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0050503 AV

FILED

03 DEC 17 AM 11:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000002283**



1. Entity Name
FIVE STAR MARKETING GROUP INC.

Principal Place of Business
**8888 COLLINS AVE. SUITE 212
MIAMI FL 33154**

Mailing Address
**8888 COLLINS AVE. SUITE 212
MIAMI FL 33154**



REINSTATEMENT 03
 CHECK FEE CHANGES

2. Principal Place of Business
**4141 NE 2ND AVE
Suite, Apt. #, etc.
101G**

3. Mailing Address
**4141 NE 2ND AVE
Suite, Apt. #, etc.
101G**

City & State
MIAMI FL 33137

City & State
MIAMI

Zip
33137

Country
MIAMI-DOOR

Zip
33137

Country
MIAMI-DOOR

4. FEI Number
95-4893458

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~SANTANA, RAY~~
~~8888 COLLINS AVE, SUITE 212~~
~~MIAMI FL 33154~~

7. Name and Address of New Registered Agent
Name **JUAN PATINO**
Street Address (P.O. Box Number is Not Acceptable)
4141 NE 2ND AVE STE 101G
City **MIAMI** FL Zip Code **33137**

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 DATE **10/20/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SANTANA, RAY 8888 COLLINS AVE, SUITE 212 MIAMI FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PATINO, JUAN 8888 COLLINS AVE, SUITE 212 MIAMI FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900024023799 10/22/03--01054--029 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900024023799 12/16/03--01031--020 **500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **10/20/03** DAYTIME PHONE # **305-573-7068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)