2003 FOR PROFIT CORPORATION

Mailing Address

734 N STATE ROAD 7 PLANTATION FL 33317

UNIFORM BUSINESS REPORT (UBR) P02000017628 **DOCUMENT #** 1. Entity Name

6. Name and Address of Current Registered Agent

NATIONAL STAR REALITY, INCORPORATED

Principal Place of Business

2. Principal Place of Business Suite, Apt. #, etc.

734 N STATE ROAD 7

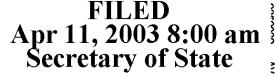
PLANTATION FL 33317

City & State

BOYD, NATHANIEL

734 N STATE ROAD 7 PLANTATION FL 33317

Zip.



Zip Code

	04-11-2003 90110 042 ***150.00
T.	
	☐ CHECK HERE IF MAKING CHANGES
).	4. FEI Number Applied For
<u> </u>	01-0464377 Not Applicat
Country	5. Certificate of Status Desired \$8.75 Additional

7. Name and Address of New Registered Agent

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

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8. The above the obligat	named entity submits this statement for the purplions of registered agent.	ose of changing its re	gistered office or	registered age	ent, or both, in the S	tate of Florida. I	am familiar with, a	and accept
SIGNATORE	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: R	egistered Agent signatu	re required when rei	nstating)	DA	TE	
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 S5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECTO	RS	11.	ADI	DITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS	S IN 11 -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, NATHANIEL 734 N STATE ROAD 7 PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Bood 7314 N	Nathaniel State R tion FL	ord 7	☐ Change	Addition
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City

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:

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Date

Daytime Phone #