

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/14

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90169 043 \*\*\*150.00

**DOCUMENT # P02000024398**

1. Entity Name  
**FIVE STAR PROFESSIONAL DOMESTIC SERVICE, INC**



Principal Place of Business  
**403 SWALLOW DRIVE, #201  
MIAMI SPRINGS FL 33168**

Mailing Address  
**403 SWALLOW DRIVE, #201  
MIAMI SPRINGS FL 33168**

**55052110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARELLANO, KELVINS  
403 SWALLOW DRIVE, #201  
MIAMI SPRINGS FL 33168**

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

(NOTE: Registered Agent signature required when resigning)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
ARELLANO, KELVINS  
403 SWALLOW DRIVE, #201  
MIAMI SPRINGS FL 33168** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 OF KELVINS ARELLANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


**7-10-03**

Date

Daytime Phone #

**496-5337**

CP2E034 (4/03)

  
55052110  
Attachment PO200024390

July 9, 2003

Sorry But I  
Had trouble with  
my mail in the  
Begin of the  
new year its  
was very send  
to other service

Thank you  
Fali

55052110

ATTACHMENT PO200024398



7-11-03

10 whom may concern

Mr. Kelvin Arellano at  
403 Swallow Dr #201 in  
Miami Springs 33166  
Had Mail Problems in  
The first 3 months of  
Year 2003 it was  
Taken by other Tenant  
in the unit.

A handwritten signature in dark ink, appearing to be "JL" or similar, written over a horizontal line.

UNITED STATES POSTAL SERVICE

MIAMI SPRING POST OFFICE  
MIAMI, Florida  
33166-0910