

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91491 015 ***150.00

DOCUMENT # P02000028380

1. Entity Name

TWO STAR ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 KINGS HWY UNIT 909A

Suite, Apt. #, etc.

3. Mailing Address
136 BROADWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE, FL

City & State
WOODCLIFF LAKE, NJ

4. FEI Number **03-0407611**

Applied For

Not Applicable

Zip
33980-4247

Country

Zip
07677

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **PAUL JALLO**

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

12402 PLANTATION LANE APT 205

City **TAMPA**

FL

Zip Code
33635

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$650.00
Amended UBR is \$81.25
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	P PAUL JALLO, 12402 PLANTATION LANE APT 205 TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAM KHABBAZ, 47-93RD STREET, BROOKLYN, NY 11209
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x201-391-8888

CR2E034B (12/02)