

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90129 024 ***150.00

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1. Entity Name
BIG STAR FINISHING INCORPORATED



Principal Place of Business
**734 N STATE ROAD 7
PLANTATION FL 33317**

Mailing Address
**734 N STATE ROAD 7
PLANTATION FL 33317**

2. Principal Place of Business
Same

3. Mailing Address
2491 NW 15 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Lauderdale, FL

4. FEI Number

47-0856621

Applied For

Not Applicable

Zip

Country

Zip

Country

33311

Broward

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

**BOYD, NATHANIEL
734 N STATE ROAD 7
PLANTATION FL 33317**

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 reinstating)

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 Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete.
NAME **BOYD, NATHANIEL**
STREET ADDRESS **734 N STATE ROAD 7**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **PD** ☐ Change ☒ Addition
NAME **Boyd Nathaniel**
STREET ADDRESS **734 N State Road 7**
CITY-ST-ZIP **Plantation FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasure**
STREET ADDRESS **Karen Boyd**
CITY-ST-ZIP **734 N State Road 7**
Plantation FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secy. Cassandra STUBBS**
STREET ADDRESS **734 N State Rd 7**
CITY-ST-ZIP **Plantation, FLA. 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Daytime Phone #

954 649-8915

CR2E034 (10/02)