

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038923

1. Entity Name
FIVE STAR MOVING & TRANSPORTATION, INC.



Principal Place of Business
17707 NW MIAMI COURT
MIAMI FL 33160

Mailing Address
17707 NW MIAMI COURT
MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1254334

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KHOUDAIBERDIEV, RUSLAN~~
~~16900 N. BAY ROAD #515~~
~~SUNNY ISLES BEACH FL 33160~~

7. Name and Address of New Registered Agent

Name Vladimir Masnev
Street Address (P.O. Box is not acceptable)
17707 NW Miami Cor
N. Miami FL 33169

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for the State of Florida. I am familiar with the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7.7.04

ALL FEE IS \$550.00

After January 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 ☒ Delete
NAME D
STREET ADDRESS KHOUDAIBERDIEV, RUSLAN
CITY-ST-ZIP 16900 N BAY ROAD #515
SUNNY ISLES BEACH FL 33160

TITLE ☐ Delete
NAME D
STREET ADDRESS MASNEV, VLADIMIR
CITY-ST-ZIP 2601 REGALIA WAY
COOPER CITY FL 33020 *MASNEV*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800029410398
CITY-ST-ZIP 02/25/04--01070--025 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800029410398
CITY-ST-ZIP 02/25/04--01070--026 **750.00

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

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.7.04

FILED

04 FEB 26 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

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CR2E034 (4/03)