

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000051336

1. Entity Name

FOUR STAR IMPORT & EXPORT CORP.



FILED

03 MAY 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~220 71 ST STE 210~~
MIAMI BEACH FL 33141

Mailing Address

~~220 71 ST STE 210~~
~~MIAMI BEACH FL 33141~~

2. Principal Place of Business

12000 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 507

City & State

MIAMI FLORIDA

City & State

Zip 33181

Country USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CHIARATO, UGO V

UGO V. CHIARATO

CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE

12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

Name

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

City

FL

Zip Code

7. Name and Address of New 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 P ☐ Delete
NAME VALDES, ALEJANDRO
STREET ADDRESS 1714 NE 175 ST
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition
NAME 400019565604
STREET ADDRESS 05/20/03--01022--007 **2911.25
CITY-ST-ZIP

TITLE V ☐ Delete
NAME VALDES, EDUARDO
STREET ADDRESS 1571 NE 175 ST
CITY-ST-ZIP N MIAMI BEACH FL 33162

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

TITLE S ☐ Delete
NAME VALDES, WILLIAM
STREET ADDRESS 1714 NE 175 ST
CITY-ST-ZIP N MIAMI BEACH FL 33162

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

TITLE T ☐ Delete
NAME BENAVIDES, SERGIO
STREET ADDRESS 1571 NE 175 ST
CITY-ST-ZIP N MIAMI BEACH FL 33162

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RoA

APR 30, 2003 (305) 899 5099

Date

Daytime Phone #

CR2E034 (10/02)

0244790 AV