

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90096 042 \*\*\*158.75

**DOCUMENT # P02000067035**

1. Entity Name

**STAR LIMOUSINE SERVICE, INC.**



Principal Place of Business

**1350 NE 191 ST.  
SUITE 205  
MIAMI FL 33179**

Mailing Address

**1350 NE 191 ST.  
SUITE 205  
MIAMI FL 33179**

2. Principal Place of Business

**7000 N.W. 177 St**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Miami, Florida**

Zip

**33015**

Country

**USA**

3. Mailing Address

**7000 N.W. 177 St**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Miami, Florida**

Zip

**33015**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**01-0715735**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OSPINA, HECTOR F  
1350 NE 191 ST.  
SUITE 205  
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

**Hector F. Ospina**

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

**7000 N.W. 177 St. Suite 100**

City

**Miami**

FL

Zip Code

**33015**

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 \$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

TITLE **P** ☐ Delete  
NAME **OSPINA, HECTOR F**  
STREET ADDRESS **1350 NE 191 ST. , SUITE 205**  
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **Hector F. Ospina**  
STREET ADDRESS **7000 N.W. 177 St. , Suite 100**  
CITY-ST-ZIP **Miami, 33015**

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

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 #

CR2E034 (4/03)

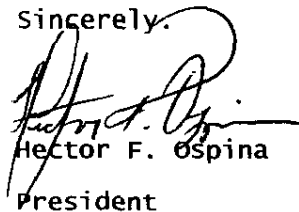
A Hachment  
86147259  
PO2000067035

September 8, 2003

Florida Department of State Division of Corporations:

Our corporation did not receive a prior notice, this is the first notice of our first year as a corporation. We appreciate your help in this manner if if there is any questions please feel free to contact me at 786 344 2527.

Sincerely,



Hector F. Ospina

President

Star Limousine Svc.