

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-08-2003 90324 047 \*\*\*150.00

P02000083079

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 SEP 25 PM 12:12

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AV

DOCUMENT # P02000083079

1. Entity Name  
STARS COFFEE, CORP.



Principal Place of Business  
11247 NW 47TH LANE  
MIAMI FL 33178

Mailing Address  
11247 NW 47TH LANE  
MIAMI FL 33178



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

26-2284905

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

MORON, DARWIN  
11247 NW 47TH LANE  
MIAMI FL 33178

7. Name and Address of New Registered Agent

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 \$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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. ☐ Delete  
TITLE NAME  
D GONZALEZ, CELSO  
STREET ADDRESS  
11247 NW 47TH LANE  
CITY-ST-ZIP  
MIAMI FL 33178

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

☐ Delete  
TITLE NAME  
D CABRERA, YOLANDA  
STREET ADDRESS  
11247 NW 47TH LANE  
CITY-ST-ZIP  
MIAMI FL 33178

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

☐ Delete  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE NAME  
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☐ Change ☐ Addition  
TITLE 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/03

305-591-8544

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
80145653  
P02000083079

SEPTEMBER 4TH 2003'

TO: FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS

FROM: STARS COFFEE CORP  
11247 NW 47 LN  
MIAMI, FL 33178-4369

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FEIN-56-2284905

HELLO, THE REASON OF THIS LETTER IS TO LET YOU KNOW THAT WE ARE SENDING PAYMENT FOR THE AMOUNT OF \$150 AS WE WERE SUPPOSED TO, I DON'T KNOW WHY YOU SAY THAT WE NEED TO PAY \$550.00, SINCE SO MANY MONTHS AGO I'VE BEEN CALLING YOU LETTING YOU KNOW THAT I NEVER RECEIVED THE UNIFORM BUSINESS REPORT, I SPOKE TO SOME OF YOUR REPRESENTATIVES AND EVERY TIME I CALLED THEY TOLD ME THAT THEY'LL SEND IT, I DON'T KNOW WHAT'S HAPPENING HERE BUT I TRY SO THAT THIS WOUN'T HAPPEN, IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT 305-591-8544.

SINCERELY YOURS

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