FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-23-2004 90231 018 ***158.75

DOCUMENT # P03000070297

1. Entity Name

STARR HOMES REALTY & INVESTMENT, INC.

66420716

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
18301 NW 2ND COURT	18301 NW 2ND COURT
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: MIAMI GARDENS, FL	City & State: MIAMI GARDENS, FL
Zip: 33169 Country: DADE	Zip: 33169 Country: DADE

4. FEI Number: 57-1174440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BASIL L. DALLAS

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

18301 NW 2ND COURT

City: MIAMI GARDENS FL Zip Code: 33169

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature is required when changing)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT/CEO
NAME	BASIL L. DALLAS
STREET ADDRESS	18301 NW 2ND COURT
CITY-ST-ZIP	MIAMI GARDENS, FL 33169
TITLE	SECRETARY/TREASURER
NAME	LEN JOHNSON
STREET ADDRESS	18301 NW 2ND COURT
CITY-ST-ZIP	MIAMI GARDENS, FL 33169
TITLE	DIRECTOR
NAME	THELMA ADAMS
STREET ADDRESS	18301 NW 2ND COURT
CITY-ST-ZIP	MIAMI GARDENS, FL 33169
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E084B (12/02)

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 on an attachment with an additional title if other than one empowered.

SIGNATURE: _____ BASIL L. DALLAS 04/21/2004 305-655-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone