1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000072952

1. Entity Name

F.S. Corporation Future Stars

FILED
04 NOV 15 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13876 SW 56th Street	Same
Suite, Apt. #, etc. #354	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33175 Country US	Zip Country

REINSTATEMENT 04

4. FEI Number 27-0803492 — 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: Betancourt, Aimara N. Mrs.

Street Address (P.O. Box Number is Not Acceptable): 13876 SW 56th STREET #354

City: Miami FL Zip Code: 33175

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: Aimara Betancourt
Signature(s) of each person named as registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
NAME	Betancourt, Aimara N. Mrs.
STREET ADDRESS	13876 SW 56th Street #354
CITY-ST-ZIP	Miami FL 33175 US
TITLE	Vice President
NAME	Paredes, Edgard Mr.
STREET ADDRESS	13876 SW 56TH STREET #354
CITY-ST-ZIP	Miami FL 33175 US
TITLE	Secretary
NAME	Paredes, Randy A. Mr.
STREET ADDRESS	13876 SW 56th Street #354
CITY-ST-ZIP	Miami FL 33175 US
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12/01/04--01027--009 **150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (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 address, with all other like empowered.

SIGNATURE: Aimara Betancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2050

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **F.S. CORPORATION FUTURE STARS**

Thank you for your courtesy in this matter.

Aimara Betancourt

AIMARA N. BETANCOURT
PRESIDENT